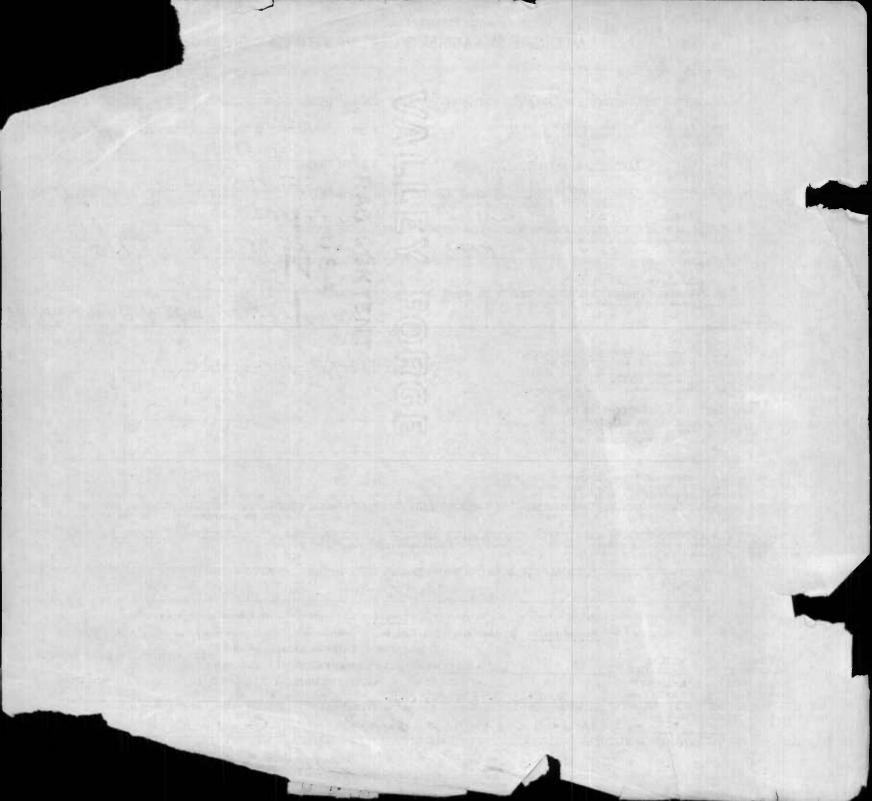
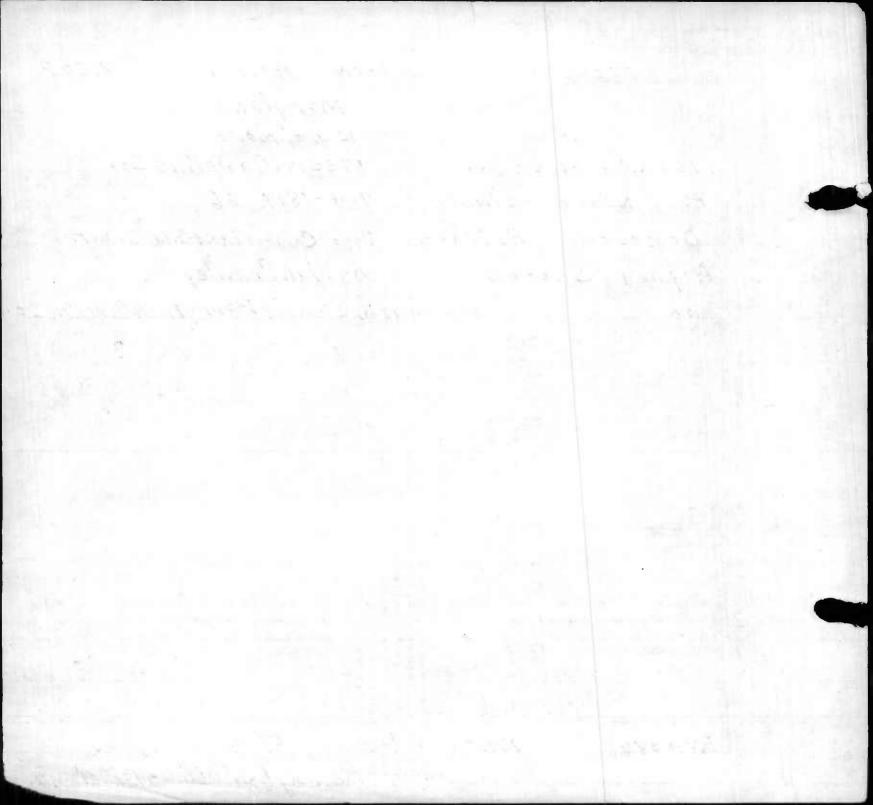
BIRTH NO.	WEDI	CAL EXA	WINER 2	LEKTIFICA	ALE OF D	EAIH Reg		
M.E CASE NO.								
Type or Print)	EASED				2. DATE AND	HOUR PRONOUND	CEN	40
	LULA MO					il 18, 1960		3
. PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOUNC	CED DEAD	A. STATE	IDEN CE (Where d	eceosed lived. If in: B. CO	stitution: resid	ence before oom.
ULL NAME OF HOSPITAL OR NSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTIO	ON, GIVE STREET	C. CITY OR TO		corporate limits, wri	te RURAL on	d give township)
46	LUTHERAN HOS	SPITAL		D. STREET AD	Baltimon DRESS (If rurol, 2127 Rrs		nue	/
. SEX	6. RACE	7. MARRIED, NE	VER MARRIED	B. DATE OF BIL		9. AGE (In years		1 Yr. If Under 24 H
Female	Negro	WIDOWED, DIV	ORCED (specify)		-1902	lost birthdayl	Manths	Days Hours Min
one duying most of w	PATION (Give kind of work varking life, even if retired)	10B. KIND OF BL			E (State or foreign			N OF COUNTRY?
FATHER'S NAM	E			14. MOTHER'S	MAIDEN NAME			
dim	TATE			MAR	y 500	c a s		
	D EVER IN U.S. ARMED		SOCIAL	17. INFORMAN			ADDRESS	
es, na or unknawn)	(If yes, give wor or date	s at service)	SECURITY NO.	HEVE	y FAS.	rek fo	5NB	ENTALO
18.	0,0		CAU	SE OF DEATH				INTERVAL BETWEE
OTHER SIGN TO THE DISEASE OF	IG CONDITION LAST. II VIFICANT CONDITIONS DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE	(C)					
19A. DATE OF	OPERATION 198. CON	DITION FOR WHI	ICH OPERATION			N CERTIFYING CAL		
UNDERLYING UTING CAU	OR CONTRIB-	218. PLA home, fo	CE OF INJURY (e.g arm, factory, street,	office bldg., INJU	WHERE DID ()	f in Boltimore City,	give exoct loc	cotion)
OF INJURY (APPROX.)	(Month) (Day) (Year		LE AT NO	T WHILE WORK	HOW DID INJU	RY OCCUR?		
ACTUAL SIGNATI EXAMIN	ER'S	Sucher	ident Suic	CHIEF D. ASSISTANT ASSOCIATE	cide U	AMINER [DATE SIGNED
NAME (TALL CREATE OF CALL (Specify	MATION, 23B. DATE	166 23C. N	Fisher, M.I NAME of CEMETERY MY RUS	OF CREMATORY	B.	CATION (Cit	y, town, or co	ounty) (State)
APR 2	1966 P	24B, NAME OF			s four 1	LL		
VS 151-REV. 1/1/	65			and the same of th				

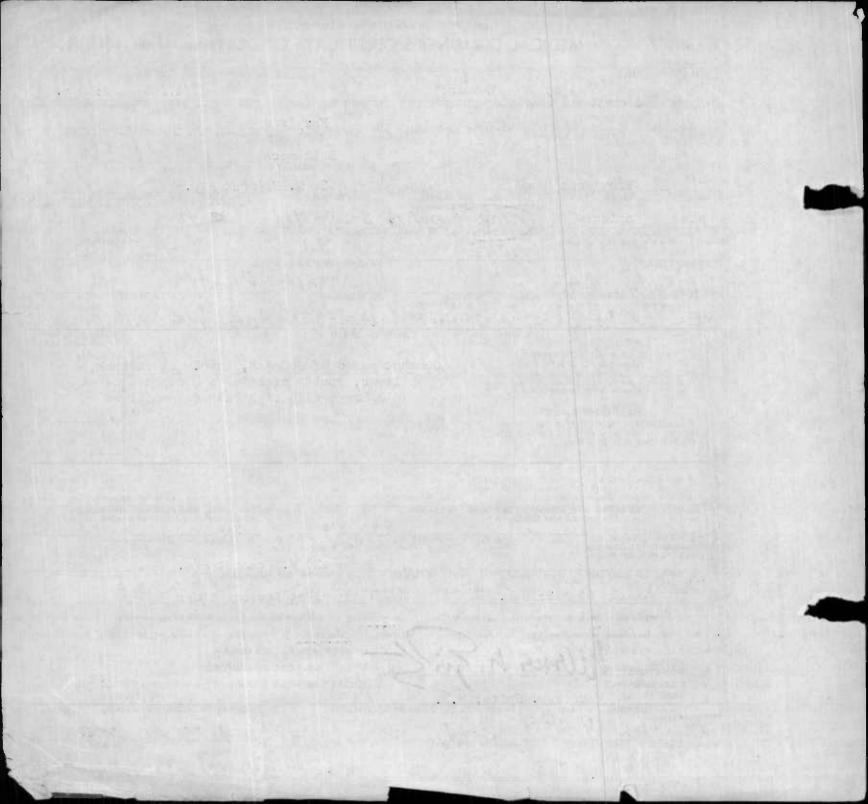


_		
IMPORTANT	Also, if the direct or contributing cause of death	any nature; (2) boay burns; (3) A tracture of any kind; (4) Undetermined cause; (3) beceased (except where the physician who pronounced death was in regular attendance on the 3; and (6) No physician was in regular attendance on the deceased prior to death. Such a obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	snows: (i) An accident of any nature; (2) Body Burns; (3) A tracture of any kind; (4) Undetermined cause; (3) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

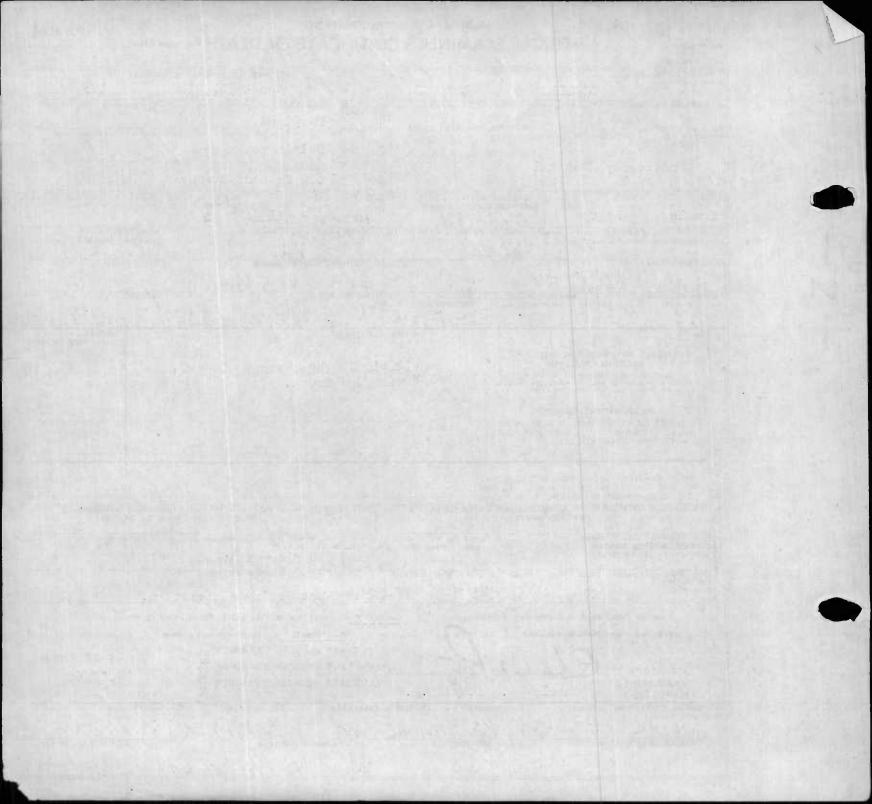
	4000	BALTIMORE CITY	HEALTH DEPARTMENT		
	TH NO. 66 U4UU2	CERTIFICA	TE OF DEATH	Registered No.	4002
1. N	AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
	PLACE OF DEATH IN SALTIMORE MARYLAND	Sut	TA USUAL RESIDENCE (When	15-66 e deceosed lived. If instituti	8:35 P. N
			A. STATE 8, COUN		5-06
	FULL NAME OF (II not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN III out	side city limits, write RURA	L and give lownship)
34				ore	
U	735 N.Caroline.	5.1.	1725 AL.	rural, give location)	Sti
5. 5	EX 6. RACE 7. MARI	RIED, NEVER MARRIED OWED, DIVORCED (specify)		9. AGE (In years If	Under 1 Yr. If Under 24 Hrs. nths: Doys Hours Min.
	F. Negro S	INGLE	7-4-1899	66	
don	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY			CITIZEN OF WHAT COUNTRY?
13.	DOMESTIC P	rivate	North Curote	pland Cerva	U.S.A.
	D/. / /		10 - 1-1.0		
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	rawiey	ADDRESS
(Te:	s, no or unknown) (If yes, give wor or dates of servi	SECURITY NO.	Mac Mavie	Bannviras	N. Canalina S-
	18.433.11	CAUSE O	F DEATH	secretification of the	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Mag	(P. Jones H)	no bacic	3 Devs
	(This does not meon the made of dying, heart failure, asthenio, etc. It means the dise		SUM TOYSC IV	Wembosis	
	injury at complication which caused death.)	An	20 Calant F	- milletia	3 Days
	ANTECEDENT CAUSES	DUE TO	faculay	UIIII WILL GI	<u> </u>
	DISEASES OR CONDITIONS, if any, gi		terio Scles	rosis	
	UNDERLYING CONDITION lost.				
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	JTING THE			
CATIO	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FIND	NGS CONSIDERED
RTIF	WAS PERFORMED	- Indian		IN CERTIFYING CAUSES	OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, loctory, street, o etc.)		(If in Soltimore City	, give exoct locotion)
EDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
8	(APPROX)	While At Work Not While At Work	e		
	22. I certify that (I) (this haspital) attend	1-11	/ 1	1966 10 /-	15- 1966
	that (I) (we) last saw the deceased alive			ot in (my) (out) apinian	death accurred an the da
	and haur and fram the causes stated abov	e. (I) (Ne) (did) (did not)	new the body after death.	238.	DATE SIGNED
	Seve 7. (Mens M.D. Attr	ending Med.	Stoff Phys.	4-18-61
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	/	/
	Eugene IT	· Weng M.D.	1155	Erted	eval St
24A	REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. L	OCATION (City, to	wn, or county) (Stote)
25A	CAO O V 2/	OTIOITE CO	Metery AL	MASNOCK	ADDRESS
	APR # 0 1966 (20 # 2	Fr. Ouna	Randolph	On Ceplista	43Killings St.
VS	150-REV. 1/1/65		wheregen	June Culton &	7316 Welles 24.



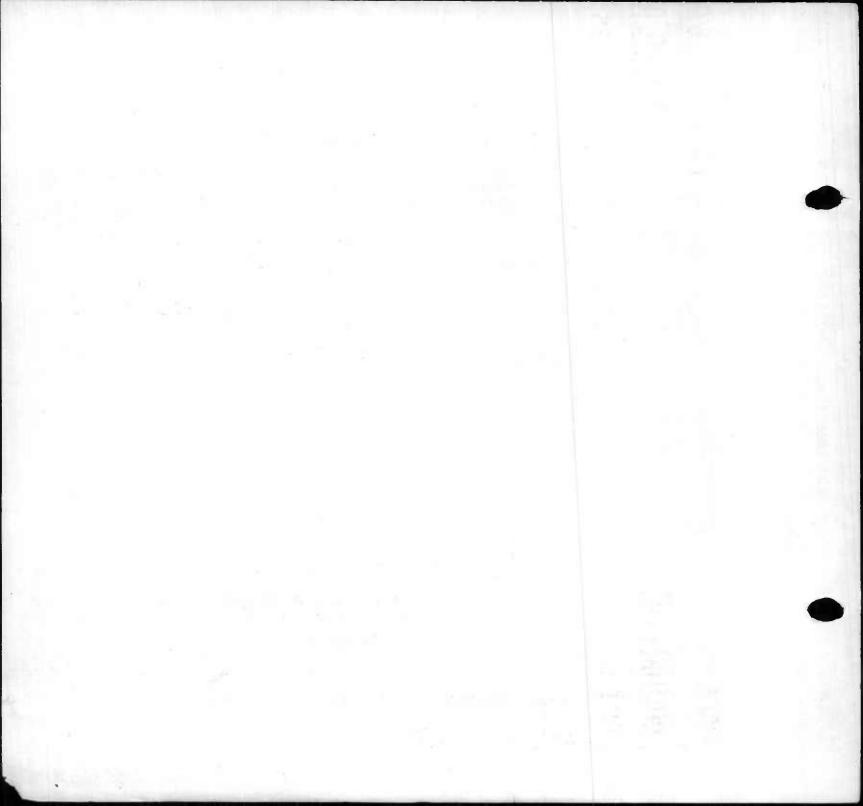
BIRTH NO. 66 MEDICAL EXAMINER'S CE	EDITIEICATE OF DEATH BANK AND ALIES
M.E. CASE NO.	KIIFICATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
(Type or Print) Aljay Laboard	4/17/66 9:50 a.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence belare admission! A. STATE B. COUNTY Maryland
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside carporate limits, write RURAL and give township)
29	Baltimore D. STREET ADDRESS (If rural, give location)
Provident Hospital	620 N. Fremont Ave.
male colored Wida Wassisd	B. DATE OF BIRTH 9. AGE (in years last birthday) 2-28-1918 9. AGE (in years Months, Days Hours Min.
dane during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U. D. C.
13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
BRADY LABORAG	MAKIE DRAGY
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL (Yes, no or unknown, Ilf yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS
YES 10-29-43+12-22-44 214-14-4069	JAMES LABOITRO 620 N. FREMONIA
IB. CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	wound of abdomen, involving stomach,
heart failure, asthenia, etc. It means the disease.	ver, small intestine and right side of
ANTECENDENT CAUSES	aphragm with right sided hemothorax
DISEASES OR CONDITIONS, IF ANY, GIVING	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
Z (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT, 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ye x yes
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- hame, form, factory, street, of etc.)	n or about 21C. WHERE DID (If in Boltimare City, give exact location) fice bldg., INJURY OCCUR?
The state of the s	620 N. Fremont Ave.
OF INJURY	21F. HOW DID INJURY OCCUR?
(APPROX.) 4 17 66 12:30 a. WHILE AT AT WO	shot several times
	and that an this basis, death In my aplnian
resulted fram: Natural causes Accident Sicide	Hamicide X Undetermined manner
ACTUAL MILANE IN COM	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE WOOD I MO.	ASSISTANT MEDICAL EXAMINER X
	ASSOCIATE MEDICAL EXAMINER 4/18/66
NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) , (State)
REMOVAL (Specify) 4-21-66 1211 TIMES	NATIONAL POLY ANDE
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C, FUNERAL DIRECTOR ADDRESS
APR 20 1966 (7 0 5 85 5m 0 m)	JOSEPH KNIDHTILZG NI BRADIUNIV
VS 151-REV. 1/1/65	DO DITTIVITY OF THE PROPERTY



SIGNATURE (Carles) Val. M.D. ASSISTANT MEDICAL EXAMINER (X) EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER (X) 4/17/66	BIRTH NO.	MED		AMINER'S CI			DEATH Registe		00 04004
A STATE OF THE PARTITION OF THE PROPOSITION OF THE PARTITION OF TH	1. NAME OF DE	CEASED							
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET A STATE ADDRESS OR LOCATION! University Hospital S. SEE University Hospital S. SEE O. RACE University Hospital S. SEE O. RACE University Hospital S. SEE O. RACE UNIONED DIVORED SPREET MARKED NEVER MARKED WINDOWED DIVORED SPREET MARKED NEVER MARKED MARKE						_			M.
University Hospital D. STREET ADDRESS III rurol, give locosion) 6.20 Fremont Avenue Whowish, like, seed if it is addressed in the property of the property	FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPITA	AL OR INSTITU		C. CITY OR TO	aryland	e corporote limits, write		
Security No. Person Pers	25 Unive	ersity Hospit	al						
S. MAS DECEASED EVER IN U.S. ARMED/FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 18. SOCIAL	Female	Negro	MIDOWED,	DIVORCED (specify)	10-25	-192	2 lost birthdoy	II Under Months	1 Yr. II Under 24 Hrs. Doys Hours Min.
18. WAS DECEASED EVER IN U.S. ARMED/ORCES? 16.50 CIAL 5 COLAL 5 COLA	done during most of	working life, even if relired)				VA,		WHAT	COUNTRY?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., head follow, soltenin, dot. Il means the disease, head follows and Trunk. To ther significant conditions contributing to the Disease or condition causing it. (c).	AMOS	LOCKLE ED EVER IN U.S. ARMED			EVA	NOR	NIAN	ADDRESS	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head failure, osthenic, etc., if means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION LAST, (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION OF CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITIONS CONTRIBUTING TO THE DI	NO	(If yes, give wor or dote	s ol service)	225-18-4245	JAMES	LAB	DARA 6201	V.FRE	MONTAYE
Yes	DISEASES RISE TO THE UN DERLYII	not meen the mode of a control of the course	dying e.g., the discose, deoth.) SS NY, GIVING TATING THE CONTRIBUTING LATED TO T	(C)	ole Gunshock and Tru	ot Woun	ds of Head,		
UNDERLYING SOR CONTRIB- UTING CAUSE OF DEATH. home		F OPERATION 198, CON	DITION FOR	WHICH OPERATION		? (Yes or No)			ATH?
Continuent Chief Medical Examiner Charles S. Petty, M.D.	UNDERLYING	MOR CONTRIB- JSE OF DEATH.	home etc.)	, form, foctory, street, o Home	ffice bldg., INJURY 620	roccur? O Fremon	nt Avenue	ve exoct lo	
I certify that I held an Inquiry Inspection Autopsyk and that on this basis, death in my apinion resulted from: Natural causes Accident Suicide Hamicidek Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNE SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSISTANT MEDICAL EXAMINER 4/17/66 ASSOCIATE MEDICAL EXAMINER 4/17/66 ASSOCIATE MEDICAL EXAMINER 4/17/66 ASSOCIATE MEDICAL EXAMINER (City, town, or county) (Stoto REMOVAL (Specify) 4-21-66 BALTIMORE NATIONAL STATEMENT AND	(APPROX.)	4 17 '6	6 A m. V	VHILE AT NOT V	Sho	ot duri	ng altercati	on.	
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS	ACTUA SIGNAT EXAMIN NAME (23A, BURIAL CRE	L Char Natural col NER'S Type) Char MATION, 238, DATE	les S.	Sulcident Sulcident M.D. Petty, M.D.	CHIEF M ASSISTANT M ASSOCIATE M	EDICAL EXEDICAL EX	Undetermined manner KAMINER KAMINER KAMINER KAMINER	er	DATE SIGNED 4/17/66
APR 20 1966 (1 9 3 3 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	APK	20 1966 0	24B, NAME	OF REGISTRAR	130SE	AL DIRECTOR	NIGHT 163	9 NE	DDRESS BROADWA



SNI		20 50 00	. (4131)	BALTIMOR	E CITY HEALT	H DEPARTMENT		00 04005
7007	ALE CASE NO.	32198 66	HATOO	CERTIF	ICATE C	OF DEATH	Registered Na.	66 44405
of death of death Deceased ce on the ath. Such	NAME OF DECEA		10	2 -00		2. DATE AN	D HOUR OF DEATH	1/3-4
f d on on on on		Bowman H IN BALTIMORE, A		rance	II4. USU	APPI)	re deceased lived. If in	7 //, 30 A A
hospita ise of (5) Dec ance o death.					A. STA	TE , B. COUN		7-04
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospit oddress or loco		n, give street	c. CIT			RURAL ord give township)
O S O		h. 160	licen	Hoopital	2	Baltimore		
rting d causer attended in att	The Jo	hus Hopi	400	1 se off.	D. SIR		charl R	P
F 3 0 B B	. SEX 6	RACE /		D, NEVER MARRIED		OF BIRTH	9. AGE (In years	If Under 1 Yi. If Under 24 Hrs Months Doys Hours Min.
T E B E	male	N		Le mustile	Nov	125/61	lost birthdoy)	Months Doy's Hours Min.
0 0 - 4		ATION (Give kind of working life, even if retire		OF BUSINESS OR INC	USTRY 11. BIRT	THPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
S S	child		N	one	E	saltimon		United States
if dect 4) U wa the	3. FATHERS NAMI	best Bi	112 ma	27	14. MO	THERS MAIDEN NA	le Sale	Pose.
diredired; (4)		ver in U. S. Armed		1 6. SOCIAL	17. INFO	DRMANT	2 3424	ADDRESS
0 0 0 0	Yes, no or unknown)	If yes, give wor or d	lotes of service	SECURITY NO.			10000 1919	
f t f t d d	18.	<i>a</i>		CA	USE OF DEAT	H	MAN 1813	INTERVAL BETWEEN
den den de		OR CONDITION			ma	lullo blac	6- 11	ONSET AND DEATH
AOOBE		EADING TO DEAT I mean the mode		(A)	1/1/RA	sille lest ac	STONIA	year
er. ctur ctur ar		sthenia, etc. It med lication which caus		5 e,				
fra fra gul	A	NTECEDENT CAUS	SES	(B)	TO			
×an ×an ×h ×h		CONDITIONS, above couse (
- 0 E : 2		CONDITION last.	, siening i	(6)			***************************************	
edical lical rrns; rsicio was mair	Z OTHER SIGNIFI	II CANT CONDITIONS	CONTRIBUT	ING				
med ho phy an	TO THE DE	ATH BUT NOT R	ELATED TO					
X W	19A. DATE OF C		ONDITION FO	R WHICH OPERATION	20 A	AUTOPSY? (Yes or No	O) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
	U 21 A. ACCIDENT	WAS UNDERLYING	5	TIB. PLACE OF INJUR	r(e.g., in or obou	ut 21C. WHERE DID	IIf in Boltimor	e City, give exoct locotion)
ital been controlled the controlled		ING CAUSE OF medical examiner)		nome, form, foctory, state.)	reet, office bldg	, INJURY OCCUR?		
Sp (Sp		Month) (Doy) (Ye		IE. INJURY OCCURR		21 F. HOW DID IN	IURY OCCUR?	
	(AFFROM)			Work A	ot While D			
	22. I certify t	nat (1) (this hospi	tol) attended	the deceased from	707 6	Port 10	1966 10 1	poil 17 1966
of an of an (e th); c	1			1130 AM AD			nat in (my) (aur) api	inian death accurred on the dat
ased to dent of ospital death) must b	23A, SIGNATUR	From the causes s	rarea above.	, (I) (We) (did) (did	nat) view the	body after death.		238, DATE SIGNED
elease ccide a hos to da	20	w - Shew	y He	caug M.	Attending Phys.	Med.	Stoff Phys.	Amil 17 1966
0 - 0 ->	23C. PHYSICIAN	'S (1) (1)	0	U: AND	23D. AD	DRESS	11 -1-	14-0:401
certificate body was r vs: (1) An a D.O.A. at a assed prior ten approv		S/4/- SH4.	מן קטיו	GARIO	M.D. 7	W Johns	HOPKIUS	Deshi ren
4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	AA. BURIAL CREM	ecify) 24B. DATE	// 24C.	NAME OF CEMETERY	OF CREMATOR	Y 24D. L	OCATION	ity, town, or county) (Stote)
	JRU/AL	Y HEALTH DEPT.	-66 /	E OF REGISTRAR	4 K Y	FUNERAL DIRECTO	il, cour	ADDRESS
This the bashow was decement written	APR S	1966 A	0 500	Fro. O. M.	Je	SEPH KNI	GH1 1639	N BROADWAY
	7 11 7 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4					The same same same same same same same sam



JOHN J. DUDA, Dumdalk, Maryland 21222

VS 151-REV, 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

248 NAME OF REGISTRAR

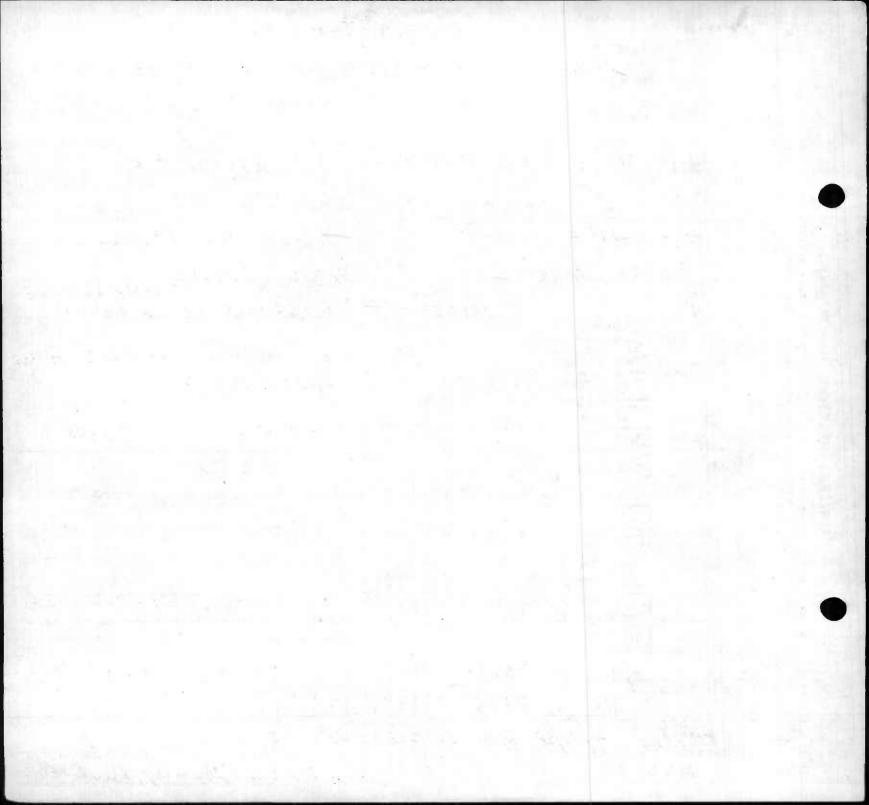
---control to the control of the contro to the second se CORE CALLED SECTION , ALL TO SECTION

	66 (14007 BALTIMORE CITY	HEALTH DEPARTMENT
	CERTIFICA	TE OF DEATH Registered No. 14107
1.	NAME OF DECEASED YOU OF PRINT STAINLEY CRAIG, SR.	APRIL 17, 1966 8:10 P
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street address or location)	A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE MARY LAND C. CITY OR TOWN (If outside city limits, write RURAL and give township)
. 0	CHURCH HOME & HOSPITAL	BALTIMORE D. STREET ADDRESS (If rural, give lacotion) 65 46 St . Helena ave. # ZZ
E	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years last birthday) Manths Days Haurs Min.
do do	A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY ne during most of working lile, even if retired) TETICEP FATHERS NAME	11. BIRTHPLACE (State or foreign country) MARYLAND 14. MOTHER'S MAIDEN NAME
ods	JOHN MORRELL	MONA CREGG
110	. Was Deceased Ever in U. S. Armed Forces? es,na ar unknawn) ((f yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
balmed or fi	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	onset and death cute myo cardial 4 hy
Gre en	hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	ingarction
remains	11	
the	194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
before	D 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i hame, farm, foctory, street, a tet.)	
ained	21D. TIME (Manth) (Day) (Year) (Haut) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work	21F. HOW DID INJURY OCCUR?
pe opt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost sow the deceased alive on 417	4 2 19 66 to 4 17 19 66 19 66 ond that In(my) (our) opinion death occurred on the do
must	and hour and from the couses stated above. (1)(We) (did) (did nat) v 23A. SIGNATURE M.D. Att.	view the body ofter death. 23B. DATE SIGNED ending Med. Staff
By 54	Phy	23D. ADDRESS CHURCH HOME & HOSPITAL
	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CR. BURIAL Specify) HURIAC SPECIFY	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	work fork Bealey, Really , Meloth, MC

BALTIMORE CHUICH HOME & HOSITTAL 6546 St Helena and 11/30/45 70 WHITE MARRIED MARHLAND Quantias . JOHN MORREELL MONA CREEGE 21307 Per Samuel Samuel Alute myo carand 4/17 mark of Tair MANDUEL J TAIN CHURCH HIMME A PERIOD

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE C	CITY HEALTH DEPARTMENT
	CATE OF DEATH Registered No. 04008
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
3. PLACE OF DEATH IN PATTIMORE MARYLAND	OTTRELL 4-17-1966 (2 -PM. 14. USUAL RESIDENCE (Where deceased lived. If institution; resistence before admission) 15. STATE 16. COUNTY
FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or locotion)	C. CITY OR TOWN (If outside city limits, write RURAL (and give township)
91	D. STREET ADDRESS (If rurol, give locotion)
MONTEBELLO STATE HOSPITA	4 1947 - WALNUT AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) DEC 22 1892 7. If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR WIDUS done during most of working life, even if retired)	STRY 11. SIRTHPLACE (Stoyle or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE -	14 MOTHERS MAIDEN NAME WELL A, U.S.A
STUART CATTORI	DANIE BOWLES
15. Wos Decessed Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) SECURITY NO.	17. INFORMANT SAMBORESS ABOVE
NO 2/252/5	65 MRSPAROLINE. L. STACKEVICH
DISEASE OR CONDITION DIRECTLY	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	ULTIPLE CEREBRAL THROMBOSIS 4 Many
heart foilure, asthemo, etc. It means the disease, injury or complication which coused death.)	E QUADRIPLEGIA
ANTECEDENT CAUSES (8)	A
DISEASES OR CONDITIONS, if ony, giving rise to the obave cause (A) stoting the (C)UNDERLYING CONDITION tost.	A.S. H.CU.D. YEARS.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e. home, form, foctory, street etc.)	.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) i, office bldg., INJURY OCCUR?
OF INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At W	While O
22. I certify that (I) (this hospital) attended the deceased fram	3-16- 1966 10 4-17- 1966.
	719 66and that in(my) (our) againlan death occurred an the date
and haur and from the causes stated above. (I) (V6) (Iid) (dld na	at) view the bady after death.
Low I Parls M.D.	Attending Med. Staff Phys. At -17-1966
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE / 24C. NAME of CEMETERY OF	VIONTERSELLO STATE MOSPITAL
BURIAL 4/20/66 BALTO, NA	TTIONAL BALTIMORE, and
APR 20 1966 Police E. Handley	Welte Birthe Breedley, Devolute.
VS 150-REV. 1/1/65	

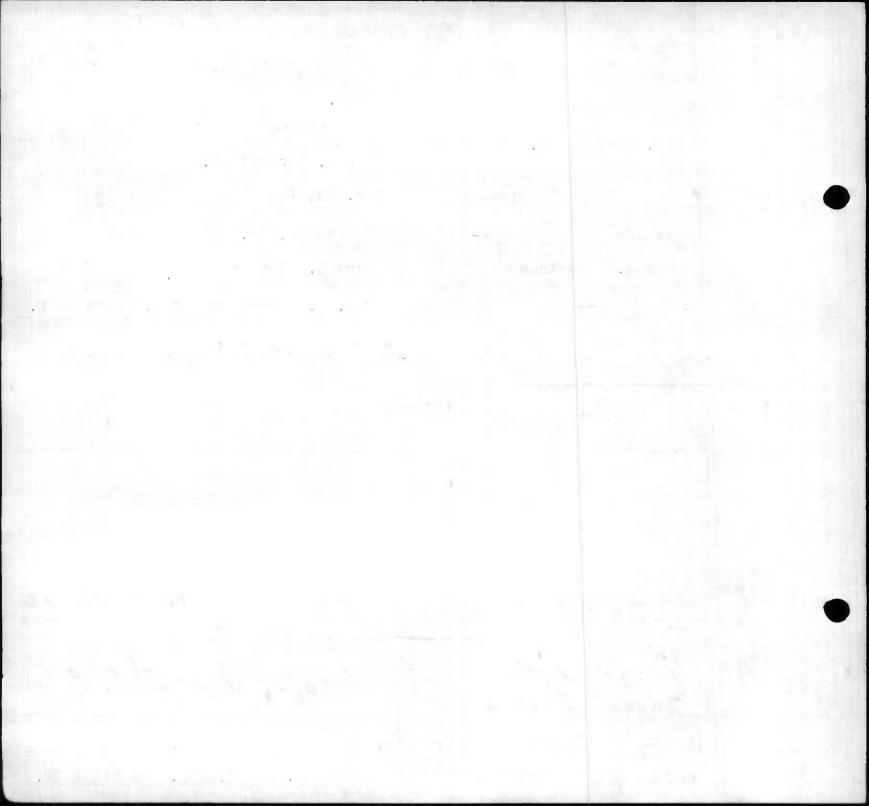


	.=	0	0	=	0	
	just be approved by the chief medical examiner or his assistant if death occurred in	eased to the hospital by a medical examiner. Also, if the direct or contributing	ident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined car	hospital (except where the physician who pronounced death was in regular att	o death); and (6) No physician was in regular attendance on the deceased prior	must be obtained before the remains are embalmed or final disposition is made.
	TE	5	9	ar	-	P
	5	큰	iin	3	Pa	DU
	00	ŧ.	E	56	15	2
	0	0	0	-	9	. =
	두		e	i.	96	0
	0	0	n	v	0	Ξ
	T	+)	0/	9	OS
	÷	0	4	5	+	ds
FUNERAL DIRECTOR: IMPORTANT	÷	=			2	P
4	0	6	Pu	9	0	=
-	.8	Ļ	- - =	90	60	ü
8	15.5	+	>	71	2	+
0	0	.=	U	9	P	0
7	-F	0	f.	č	9	0
3	-	N/S	0	0	ŧ	9 0
	0	-	Ire	L	0	1
8	0	P.	1) L	0	P
O	-	Ĕ	0	-	5	E
E	F	E	+	ho	50	9
0	×	0	4	3	-	2
8	0	KO	3	-	2	0
=	D	=) :	0	10	, E
	÷	00	ns	ic	0	0
	0	P	5	X	3	E
2	E	ne	-3	ho	0	-
W	ef	_	d	0	.2	Fee H
Z	Ē	0	0	4	S	+
-	0	2	-	+	4	F
1	4	_	2	Pre	0	fe
	-	10		Ļ	9	9
	9	0	31	3	-	0
	D	05	#	to	9	9
	>		F	0	0	. 0
	2	he	>	×	E L	à
	0	Ŧ	OIL	9	0 .	0
	0	10	J.	=	7	Pe
	0	D	10	ite	110	+5
	4-	58	ne	ds	0	20
	CS	90	P	0	0	E
	_	_		color.	0	_

APR 20 VS 150-REV. 1/1/65

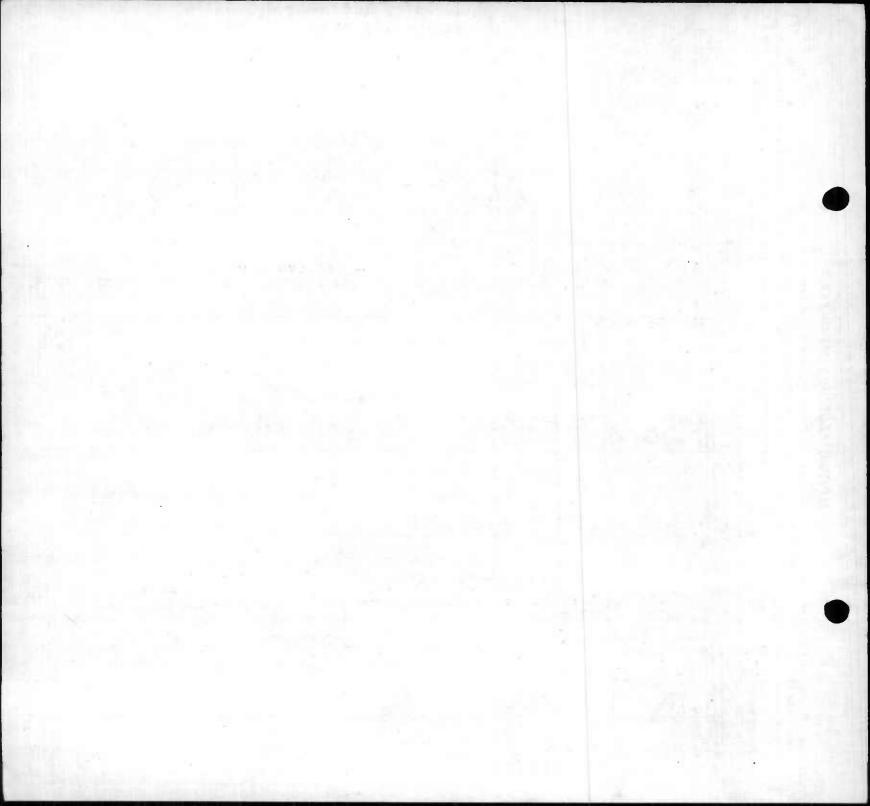
1.01		68 041	109	BALTIMORE CI	TY HEALTH DI	EPARTMENT		00 040	00	
TERRE	BIRTH NO.	()() (),T		CERTIFIC	ATE OF	DEATH	Registered N	66 040	99	
sec sec the	M.E. CASE NO.	CEASED					HOUR OF DEAT	T LI		_
death death eased on the Such	(Type or Print)		TOTTO DITOR	10					4'0- R	
of death Of death Deceased o on the	2 BLACE OF D	ETHEL MA	RIE BURN	VS	LA MENAL I	April	15, 19	00	ence before odmission	V.
hospita ise of (5) Dec ance o death.				- cheek	A. STATE	B. COUNT	Y	7 3	ance before odmission	-
a hosp cause ise; (5) l endance to dea	FULL NAME OF (If not in haspitol or institution, give street HOSPITAL OR oddress or lacation) INSTITUTION				100	timore	ide city limits, wri	te RURAL ond giv	ve lownship)	_
cau cau	80 3 W	. Randall S	St.		D. STREET		urol, give locotian)			
de prop	5. SEX	6. RACE	7. MARRIED, NE	WED AN ADDIED	8. DATE OF		AGE (In years	If Under 1	Yr. If Under 24 Hrs	=
if death occurred in rect or contributing (4) Undetermined ca was in regular at the deceased prior isposition is made.	F	W	Widowed, C	olvorced (specify)	Dec. 2	28, 120	45	Months	ys Hours Min.	he .
on o		CUPATION (Give kind of wo		ISINESS OR INDUST	RY 11. BIRTHPL	ACE (State or foreig	n country)	12. CITIZEN		
or condet		f working life, even if retired)			Delta	mome Ma		1111	COUNTRY?	
dea Und as i	House		40.0	•	Dalui	more, Mo	Lo	USA	A	_
if d (4) U was the spos										
direct direct d; (4) U th we on the dispos	Edwar	d A. Robert	cson		Cora	L. Wigar	ine			
kind; death ce on	15. Was Decease	d Ever in U. S. Armed Fo	orces? 16	SOCIAL	17. INFORM	ANT		AD	DDRESS	_
sister the kin deadeadea	No.	vinitir yes, give war ar oo	ies di service)	SECURITY NO.	Tog	E. Rober	ataon	3 187 Par	ndall St.	
S + C:-						E. Rober	03011			_
- 0 0 0	18. 24	20.11		CAUSE	OF DEATH				SET AND DEATH	
his colors in of an uncertand	DISE	SE OR CONDITION D			2		0.1 -1	0 -		
Als Als e o nou att	(This door	not mean the mode o		(A)	ianu ,	myoun	an er rufo	Endin	AD O COTTORNO CONTINUES COA	
3 0 - 8	heart failure	, osthenio, etc. It meon	s the disease,	DOE TO		•	9			
iner act pr ula	injury or co	mplication which cause	d death.)							
fra fra gul		ANTECEDENT CAUSE	S	DUE TO						0000
examiner 3) A fract who pr n regular are emb	DISEASES	OR CONDITIONS, if	ony, giving							
ex (3) in is a		he obove couse (A)	stating the	(C)						
	UNDERLYIP	IG CONDITION Iosi,								
medical edical burns; hysicio n was										
med beur bhy an v	≧ TO THE	VIFICANT CONDITIONS DEATH BUT NOT REL								
TENDO		R CONDITION CAUSING OF OPERATION 198. CO		ICH ORFRATION	[20 A A113	TOPSY? (Yes or No)	208 IF YES WE	BE EINDINGS CO	NEIDEBED	-
by a n 2) Body re the p physicic	THE PARTY OF THE CO	WAS PE	RFORMED	ICH OFERATION	207. 40	IOFSI: (res of to	IN CERTIFYING	CAUSES OF DEA	TH?	
F 1	I M Letter Commence	ENT WAS UNDERLYING	21 B, PL	ACE OF INJURY (e.g	, in ar obout 216	C. WHERE DID	(If in Baltir	nore City, give ex	xact lacation)	-
+	OR CONTRI	SUTING CAUSE OF '	home,	farm, foctory, street,	office bldg., IN.	JURY OCCUR?		,, ,		
by the pital when No	0									
	OF INJURY	(Month) (Day) (Year		JURY OCCURRED		F. HOW DID INJU	RY OCCUR?			
roved by the hospital y nature; xcept who ind (6) Notational betained by	IAPPROX.)		While	At Wa	hile hile					
provent in the house of the provent in the house of the h	22. 1 certif	y that (1) (this hospita	al) attended the	deceased from	19	65 10	910	ismil	14 1966	-
0 0	that (1) (w) lost saw the deceos	ed alive on	imil 1	¢ 10	6 C == 1 1 h	1 in (mus) (mus)	anining dasah a		
b + 0 = 0+ 0	-						7 m (my) (doi) (opinion deom o	ccorred on the do	14
sed to ont of pital eath) ust be		nd from the couses sto	oted obave. (1)	(did)-(did mo t	view the boo	dy ofter death.				
ased dent ospit deat	23A. SIGNA	URE	1 .					23B. DATE S	IGNED	
al to	/ /·	reads for	· Jeson	M.D.	hys.	Director Director	hys.	4/18	7/65	
	23C. PHYSIC	ANS		•	23D. ADDRES	S 1228 1.	charles	st. 8	alto. 30.	
An a An a prior	NAME D.		62ADA	M.	D.	Mel.				
E - 4		EMATION, 24B. DATE		E of CEMETERY or		240 10	CATION	(City town or	aunty) (State)	_
body w vs: (1) / D.O.A.	REMOVAL	(Specify)	24C. NAM	C 31 CEIVICIERI OF	PROMATORI	240. 20	CAHON	(City, tawn, or co	131gte)	
ws: D.C	Buris	1 4/19/	66 Oak	Lawn Cem	etery	Ba	altimore	, Md.		
This certification of the body shows: (1) was D.O. was deceased written a	25A. DATE REC'	D BY HEALTH DEPT.	25B, NAME OF	REGISTRAR	25C. FU1	NERAL DIRECTOR	/		ADDRESS	
まれ きゅう	APR	E 0 1966 A D.	5- E. Ja.	See M.M.	JOI	HN F. DE	NNY, INC	. 715 L	ight St.	
			V-8						-	

25C. FUNERAL DIRECTOR ADDRESS F. DENNY, INC. 715 Light St.



ed by the chief medical examiner or his assistant if death

66.04979 BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH and of death Such etermined cause; (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) CAROLYN 4/17/66 no DEG PROUD a hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution; residence before admission)
A, STATE
B. COUNTY attendance BACTIMORE COUSE FULL NAME OF (If not in hospital or institution, give street Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 0 HOPKINS HOSPITAL JOHNS BALTIMORE .= prior D. STREET ADDRESS (If rurol, give location) contributing BALTIMORE, MD. occurred WASHNGTON BLVD made. regular B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Yr. 6. RACE deceased Hours Min. WIDOWED DIVORCED (specify) 3/8/66 Months Days lost birthdoy .s 1. BIRTHPLACE (State or foreign country)
BALTIMORE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF WHAT COUNTRY? 2 isposition done during most of working life, even if retired) USA 0 Dud INFANT Was 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME the direct (4) NELSON A MARILYN OBWALD death 0 kind; T 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dotes of service) 17. INFORMAN 6. SOCIAL final SECURITY NO. attendance NO any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed of LEADING TO DEATH cture (This does not mean the made at dying, e.g., heart foilure, osthenio, etc. It means the disease, examiner. gular injury ar camplication which caused death.) Em fra who ANTECEDENT CAUSES 9 before the remains are DISEASES OR CONDITIONS, il ony, giving (3) the abave cause (A) stoting the physician UNDERLYING CONDITION last. medical physician was П OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 20A. AUTOPSY? (Yes or No) 20B IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? CERTIFIC 194 PATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED 3/18/66 ARTERY BHN DING PUL-M. by 218 PLACE OF INJURY (elg., in or obout 210. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (7) (If in Boltimore City, give exoct locotion) where OR CONTRIBUTING CAUSE OF to the hospital °N MEDICAL DEATH (notify medical examiner) nature; obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except Not While While At (APPROX.) At Work and Work any 22. I certify that (1) (this hospital) attended the deceased from 66 death); that (I) (we))last sow the deceased alive on ond that in (my) (our) opinion death accurred on the date of hospital and hour and from the causes stated above. (I) (We) (did) did not) view the body after death. the body was released must accident 23A. SION AT URE must Stoff Phys. Attending Phys. M.D. Med. prior to Director approval 0 23 C. PHYSICIAN'S 23D. ADDRESS certificate HOSPITAC to NAME (Type) HOPKINS JOHNS An HARRIET. W. COUSSONS D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY shows: (1) eceased 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) written readowredge 258. AM OF REGISTRAR SID 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRES; VS 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

Type or Print)	CEASED		2. DATE AND HOUR OF DEATH	
	ister Emily T	homan	April 10 1066	12:30 A.
	ATH IN BALTIMORE, MA		April 19, 1966	nstitution: residence before admission
4000 Forest Hill Road FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION			Maryland Baltimore c. city or town (If outside city limits, write) Baltimore	28-41
Villa S	aint Michael		D. STREET ADDRESS (If rurol, give location)	
. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr If Under 24 He
Female	White	WIDOWED, DIVORCED (specify) Never married	March 6, 1912 State State	Months Doys Hours Min.
	UPATION (Give kind of work working life, even if retired)	Hospital	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NA	ME	*	14. MOTHER'S MAIDEN NAME	
Uarres A	Thomas =	Poltimono Md	Pauline Freth Bittshum	Panna
	• Thoman -	Baltimore, Md.	Pauline Eyth - Pittsburg,	Penna.
No	(If yes, give wor or dote	SECURITY NO.	Sister Mary Louise, 4000 F	
1B.	SE OR CONDITION DIE	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	(A) Cer	ebral vascular accident	3 days
hearl failure,	asthenia, etc. It means	the disease,		
1111017 01 001	inpireditgii trilleli edosed			
	ANTECEDENT CAUSES		tiple Sclerosis	21 years
DISEASES (ANTECEDENT CAUSES OR CONDITIONS, il e abave cause (A) G CONDITION last,	DUE TO	tiple Sclerosis	21 years
DISEASES (rise In Ih UNDERLYIN OTHER SIGN TO THE D DISEASE OR	OR CONDITIONS, il e abave cause (A) G CONDITION last. Il IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING IF FOREATION 198. CON	ONTRIBUTING STATE TO THE T.	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WERE	FINDINGS CONSIDERED
DISEASES (rise In Ih UNDERLYIN OTHER SIGN TO THE D DISEASE OR	OR CONDITIONS, il e abave cause (A) G CONDITION last.	ONTRIBUTING STATE TO THE T.		FINDINGS CONSIDERED
DISEASES (ise Ia Ih UNDERLYIN: OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTED OR CONT	OR CONDITIONS, il e abave cause (A) G CONDITION last. Il IFICANT CONDITIONS COMEATH BUT NOT RELA CONDITION CAUSING IF FOREATION 198. CON	any, giving slating like (C)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
DISEASES (ise In III) UNDERLYIN OTHER SIGN TO THE D DISEASE OR 19A. DATE OF	OR CONDITIONS, il e abave cause (A) G CONDITION last. Il IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF	ONTRIBUTING STATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA n or obout 21C. WHERE DID (II in Boltimor INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?
DISEASES (ise In the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (3/3/2)	OR CONDITIONS, il e abave cause (A) G CONDITION last. Il IFICANT CONDITIONS CONDITIONS CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF (medical examine) (Month) (Doy) (Year) That (I) Whix hospital	CONTRIBUTING STATED TO THE T. DITION FOR WHICH OPERATION FORMED 218. PLACE OF INJURY (e.g., i home, foctory, street of etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Work Work At Work At Work At Work At delive on April 1	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA NO n or obout 21C. WHERE DID (II in Boltimor fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exect location)
DISEASES (ise In the UNDERLYIN) OTHER SIGN TO THE DISEASE OR 19A. DATE OF OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (3/3/2)	OR CONDITIONS, il e abave cause (A) G CONDITION last. Il IFICANT CONDITIONS COPEATH BUT NOT RELA CONDITION CAUSING F OPERATION 198. CON WAS PER NT WAS UNDERLYING UTING CAUSE OF (medical exominer) (Month) (Doy) (Year) That (I) Whit has been been as a decrease of from the causes star	DUE TD any, giving slating like (C) CONTRIBUTING STED TO THE T. DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.) (Hour) 21E. INJURY OCCURRED While At Not While At Not While At Work (Acttended the deceased fram ted above. (I) (We) (did nat) was at the day of	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE IN CERTIFYING CA NO n or obout 21C. WHERE DID (II in Boltimor fice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exoct location)

VS 150-REV. 1/1/65

47

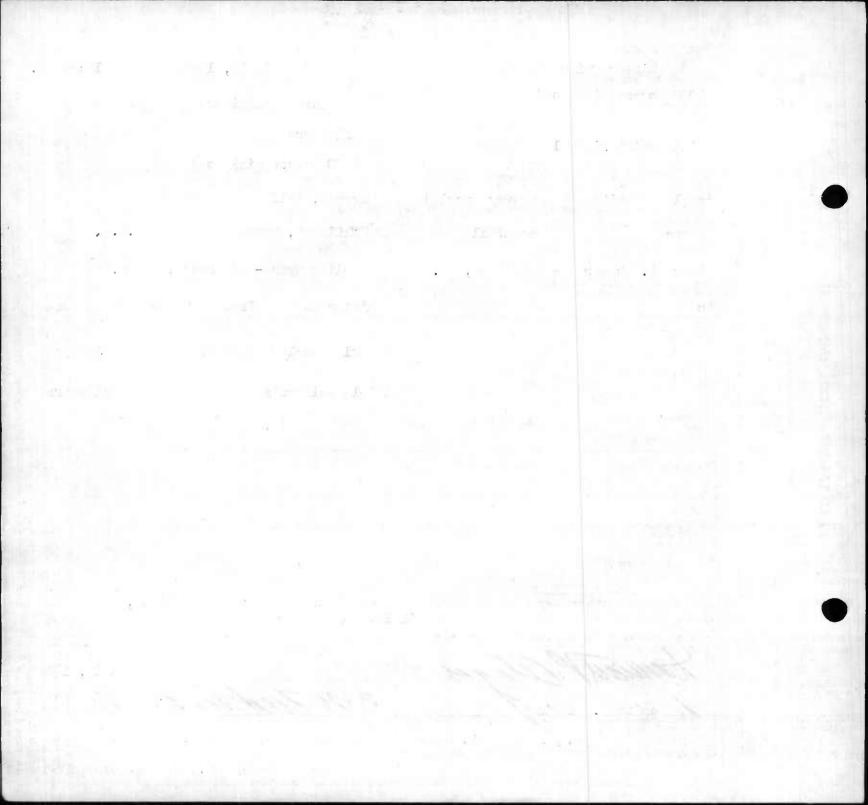
DUKIAL Apr. 21, 1966
25A. DATE REC'D BY HEALTH DEPT. | 25B. NAM 258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

St. Joseph's Cemetery

Emmitsburg, Maryland ADDRESS

& Mowen Co., 108 W.North Av., City Stewart

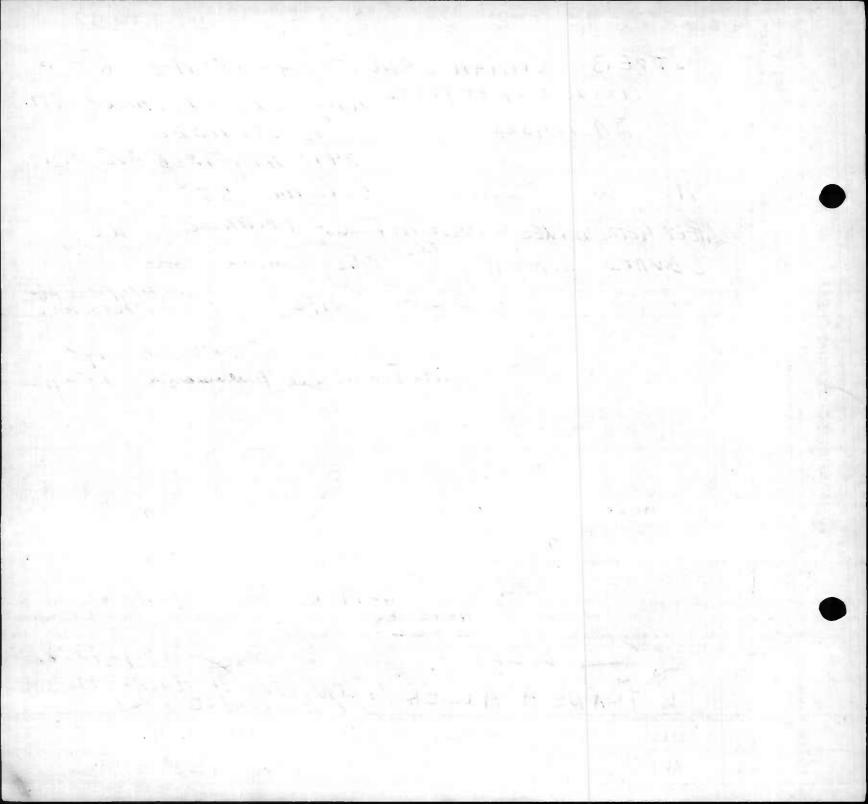


FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause the body was released to the hospital by a medical examiner.

BALTIMORE CITY HEA	LTH DEPARTMENT
BIRTH NO. 66 14012 CERTIFICATE	OF DEATH Registered No.56 114012
I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or PANTREB WILLIAM ERNE.	ST 4-18-1966 16-PM
	SUAL RESIDENCE (Where deceased lived, II institution; residence before admission) TATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	larylance PALTHERE CITY
HOSPITAL OR oddress or location) BALTIMORE	ITY OF TOWN (If outside city limits, write RURAL and give township)
	TREET ADDRESS (If rurol, give location)
30	3413 HAYFIELD AVE 21213
5. SEX 6. RACE 7. MARRIED NEVER MARRIED B. D. MIDOWED, DIVORCED (specify)	TE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours; Min.
married 2	-1-1911 55
done during most of working life, even if retired)	IRTHPLACE (Stote or foreign country) RAITILIAN STATEMENT OF WHAT COUNTRY?
SHEET METALWORNER for JUGLESIDE Alm	aling MACHINEONE US
I ALLAR X CTD = D	WILL Gel Wine Hertz
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. If	FORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	111 TE 3413 KENYFIELS AVE
no 213-05-4771 CAUSE OF DE	WITE BATO-Red.
DISEASE OF CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	recr of the Lung /4r
(This does not meon the mode of dying, e.g., heart failure, asthenio, etc. It means the disease,	
injury or camplication which caused death.)	i had pullania 2 days -
ANTECEDENT CAUSES (B) DUE TO	0
DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stoling the (C)	
UNDERLYING CONDITION lost.	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	2
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED NO CLE	A. ANTOTSYTTE OF NO. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or o	bouk21C. WHERE DID (If in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office b	dg., MILURY OCCUR!
OF INJURY (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED While A1 While	21F, HOW DID INJURY OCCUR?
While AI Work AI Work	
22. I certify that (1) (this haspital) attended the deceased from 4-1	7-66 19 10 4-18-66 19
that (1) (we) lost saw the deceased alive an 4-18-66	.19 and that in(my) (our) apinion death accurred an the date
and haur and from the causes stated abave. (I) (We) (dld) (did not) view t	he bady after death.
23A. SIGNATURE	Med. Stoff 23B, DATE SIGNED
M.D. Attending Phys.	Director Phys.
23C. PHYSICIAN'S NAME (Type) Q A 11 2 A A N FP 23D. A	WINIVERSITY HOSPIAL
W. TRANZM. MULLAM.D.	BALTIMORE M.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATION COMMENTS OF CREMATIO	
Burial 4/22/66 Oak Lawn Cemeter	
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	chimunek Funeral Home, Inc.

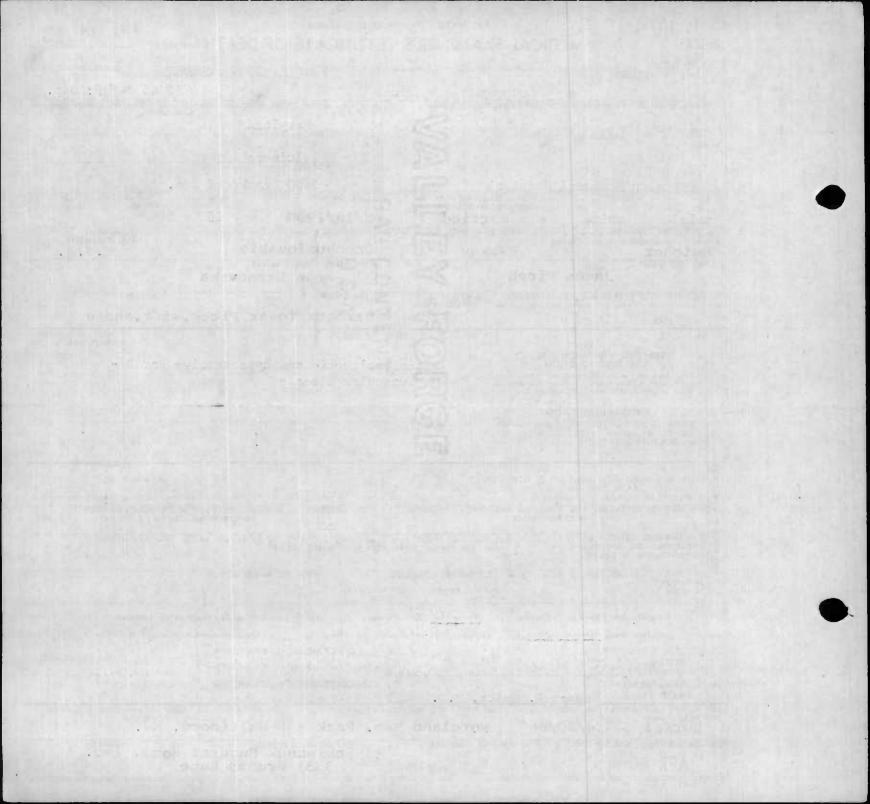
3331 Brehms Lane VS 150-REV. 1/1/65



66 04013 BALTIMORE CITY HEALTH DEPARTMENT ALEDICAL EVALUATION CERTIFICATE OF DEATH R

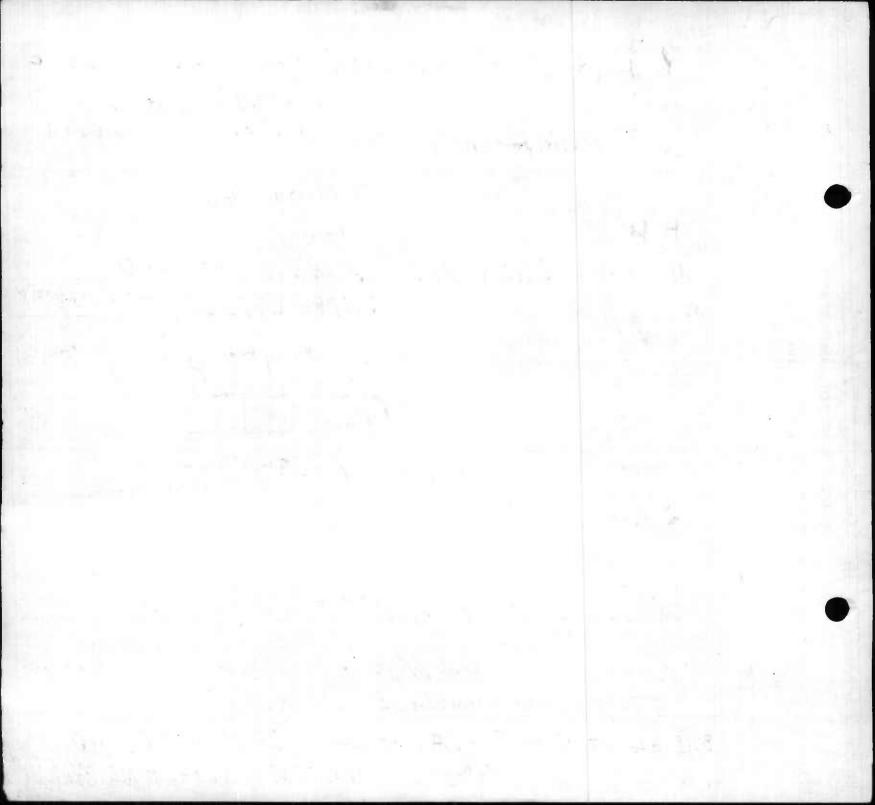
BIRTH NO.	MEDI	CALEX	CAMINER'S CE	RIFICA	IE OF	DEATH Registe	ered Na
M.E. CASE NO.							
1. NAME OF DECEASED					2. DATE AN	D HOUR PRONOUNC	
		Anthon				4/17	,
3. PLACE IN BALTIMORE	The state of the s	A. STATE	Marylar	B. COL	itution: residence before odmissio JNTY		
FULL NAME OF (IF HOSPITAL OR AI INSTITUTION	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			RURAL and give township		
44				D. STREET ADD	Baltimor		1-31
	lemorial H	ospital				inkford Ave.	
5. SEX 6. RAC		WIDO WED,	DIVORCED(specify)	DATE OF BIR		9. AGE (In years lost birthdoy) 65	If Under 1 Yr. If Under 24 H Months Doys Hours Min
	hite	1	TTIECH BUSINESS OR INDUSTRY	8/16/1			12. CITIZEN OF
done during most of working							WHAT COUNTRY?
Butcher		Ess	kay	Czechoslovakia U.S.A.			
3. FATHER'S NAME	James P	icok		4. MOTHER'S A			
	James F.	rcer		An	na Laz	nowska	
5. WAS DECEASED EVE Yes, no or unknown) (If yes			16. SO CIAL SECURITY NO.	7. INFORMANT			ADDRESS
no				Barbar	a Tesa	r Picek, wi	fe, above
CThis does not me heori foilure, osther injury or complicate ANTEC DISEASES OR CORSE TO THE ABOUNDERLYING COUNDERLYING COU	endent Cause on which coused on which coused of the cause of the cause (a) ST ONDITION LAST.	the discose, deoth.) S NY, GIVING TATING THE	(B) DUE TO (C)	cutar dis			
DISEASE OR CON	DITION CAUSING	IT.	***************************************	***************************************			
19A. DATE OF OPER	MAS PERI		WHICH OPERATION	20A. AUTOPS	Y? (Yes or No)	20 B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
O UTING CAUSE OF	ONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, of	n or obout 21C.	WHERE DID	(If in Boltimore City, gi	ve exact location)
21D TIME (Mont OF INJURY (APPROX.)	th) (Doy) (Year	V	TE. INJURY OCCURRED WHILE AT NOT V WORK AT WG	HILE	INI DID WO	URY OCCUR?	THE MIKE
22. I certify the	at I held an I	nquiry 🗌	Inspection X Auto	psy ar	nd that an th	is basis, death in n	ny apinian
resulted fro	m: Natural cau	uses X A	ccldent Suicide			Undetermined mann	er 🗌
ACTUAL SIGNATURE_ EXAMINER'S	Wor	ur l	1-3/1.0.	ASSISTANT A		XAMINER*	DATE SIGNED 4/18/66
NAME (Type)		U. Spit	z, M,D'.				
23A, BURIAL CREMATIO REMOVAL (Specify)	N, 238. DATE	23	C. NAME OF CEMETERY OF	CREMATORY	23 D. L	OCATION (City,	, town, or county) (State)
Burial	4/20/	66	Moreland Men	n. Park	В	altimore,	Md.
APR 20	1966. (P.D.)		OF REGISTRAR			Funeral Ho	ome, Inc.

VS 151-REV. 1/1/65



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

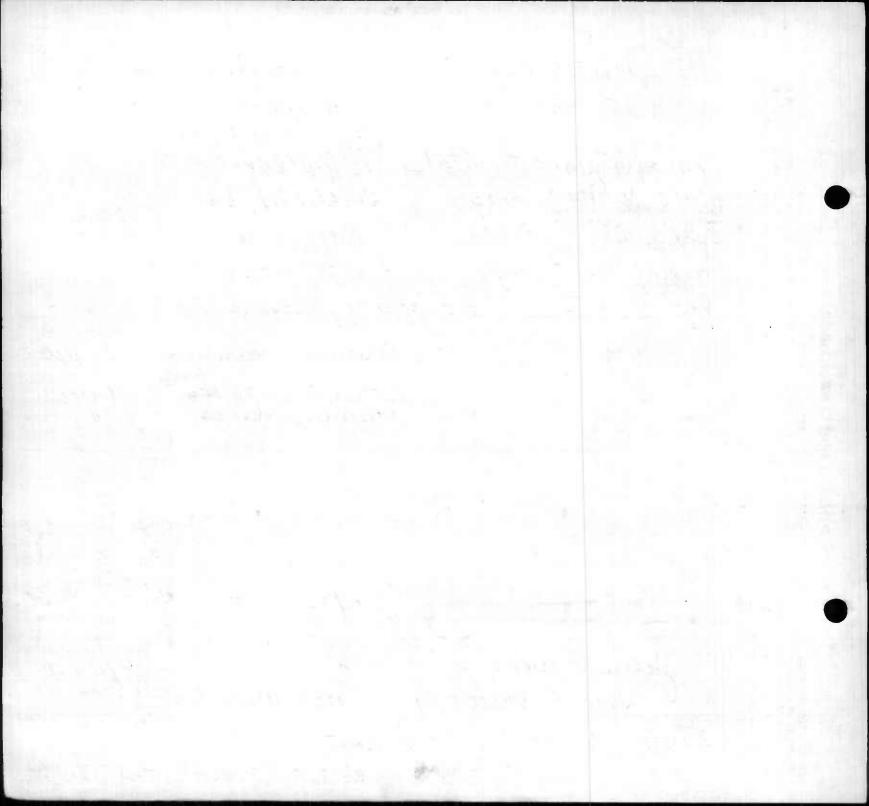
	ALTIMORE CITY H	EALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	CERTIFICAT	E OF DEATH	Registered Na	6 04014
1, NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND		2. DATE AND 1 GA 1. USUAL RESIDENCE (Where A, STATE B. COUNTY		1230 P _M .
FULL NAME OF (If not in hospital or instilution, give streem oddress or location) INSTITUTION		C. CITY OR TOWN (If outside	de city limits, write R	URAL ond give township)
36 & University Hospi	, , ,		rol, give locotion)	e s roca.
5. SEX 6. RACE 7. MARRIED, NEVER WIDOWED, DIVO	RCED (specify)	3-14-00	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINE done during mest of working life, even if retired)		PLUE		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME MICHAEL BUCKH 15. Was Deceased Ever in U. S. Armed Forces? 16. SOC (Yes, no or unknown)(If yes, give wor or dotes of service)	E/T	JENNIE MFORMANT	HOWA	ADDRESS
NO 18. \$ 7.2	CAUSE OF	JOSEPH WI	TZLER	1410 S. CALHOUN ST. INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.)	(A) Res	provery b	as office	reng boday;
ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION last.	DUE TO	Premer		- ruch
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Pento	utis sign	times time	
194. DATE OF OPERATION WAS TENFORMED WAS TENFORMED	P	1	IN CERTIFYING CAL	
OR CONTRIBUTING CAUSE OF CAUSE OF DEATH (notify medical examiner)	OF INJURY (e.g., in of foctory, street, offic	or obout 21 C. WHERE DID to bidg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY (APPROX.) While At Work	Not While At Work	21F. HOW DID INJUI	RY OCCUR?	
	6 Am		In (my) (aur) apir	nian deoth occurred on the date
and hour and fram the couses stated above. (I) (We)	Attend Phys.		toff hy s.	23B. DATE SIGNED 16 April 66
	endoppe	4-1405 p	CATION (Cit	ty, town, or county) (State)
BURIAL 4-20-66 CEAS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	DAR HI	1 LL BA	LTIMOI	PE MD.
APR 20 1966 R. C. & E. Franker VS 150-REV. 1/1/65	MA	WALTERS F	UNERAL	HOME STRICKE



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

100	MRTH NO. CERTIFICATE OF DEATH Registered No.
sed the the	MRTH NO. M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
of deat Decease on th	(Type or Print) Philton S Starry April 15/9/6/1 2 P. M.
th.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
(5) D ance deat	FULL NAME OF (If not in hospital or institution, give street) Mar V/and 200
7 –	HOSPITAL OR address or lacation) INSTITUTION C. CITY OR TOWN (If autside city limits, write RURAL and give township)
cause; cause; attend ior to	D. STREET ADDRESS (If rurol, give location)
5 2	FranklinSquare Hospital 19 N. Monvoe ST.
Q 0 0	5. SEX 6. RACE / 17. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
tring general	Male 4/11/2 5in als Juyes, 1899 66
	done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY?
Undo as ir	Cable Spirer Klectric Maryland USA
was was the chosit	13. FATHER'S NAME
dis	Henry W - Tarry War Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
e al	(Yes, no ar unknown (If yes, give war at dates of service) SECURITY NO.
	18. CAUSE OF DEATH
	ONSET AND DEATH
Also, no no no atten	LEADING TO DEATH (A) Coronary Occlusion Sudder
מירסים	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,
fractur o pror gular embal	LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving
A fr Who reg	DISEASES OR CONDITIONS, if any, giving Verseular Llese an
XOFE	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION lost.
lical e rrns; (3 sician was ii mains	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
EZOO	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED
Bod the ysic e th	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? U 21A. ACCIDENT WAS UNDERLYING
	OR CONTRIBUTING CAUSE OF home, form, factory, street, affice bldg., INJURY OCCUR?
vhe No No be	DEATH (nalify medical examiner) etc.)
hospite nature; ept wh d (6) N	21D. TIME (Manth) (Day) (Yeo) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
	Work Al Work
the any (exc	22. I certify that (I) (this hospital) attended the deceased from 1 21 19 (C) to 4/5 19 (C), that (I) (we) last saw the deceased alive an 4 19 (C) and that in (my) (our) opinion death accurred on the date
of of tall the period	that (i) (we) last saw the deceased alive an
dent of dent of death) must be	23A. SIGNATURE 23B. DATE SIGNED
elec ccid a ho to to	Juliu V. Willert Ja M.D. Attending of Med. Staff Director Phys. 4/18/66
s re	23C. PHYSICIAN'S NAME (Type)
Was r 1) An at 1.A. at a d prior	JOHN 12 VRLOCK JA M.D. 1227 Washe velo
\$ 000 E	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State)
the body shows: (1) was D.O. deceased written a	25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
show was dece	Ain 20 1966 R. D. to E. Frederick Walter Francis Home Prott & Strike Str
	MANAGE LANGUAGE IN THE STATE OF

VS 150-REV. 1/1/65



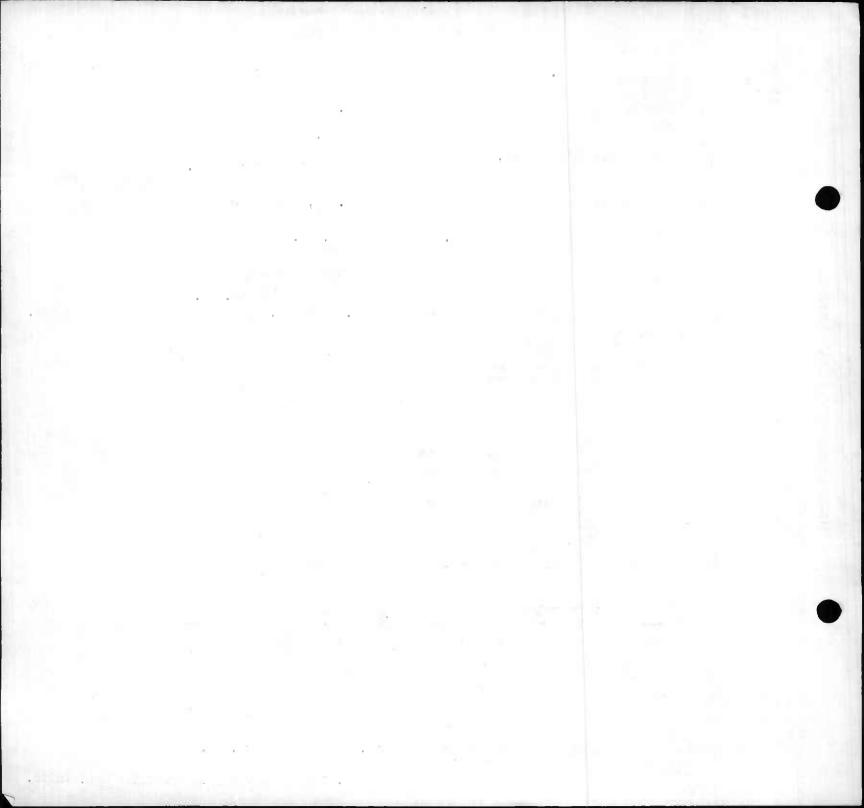
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.6 114011	Registered	N.56	(140)	(
------------------------	------------	------	-------	---

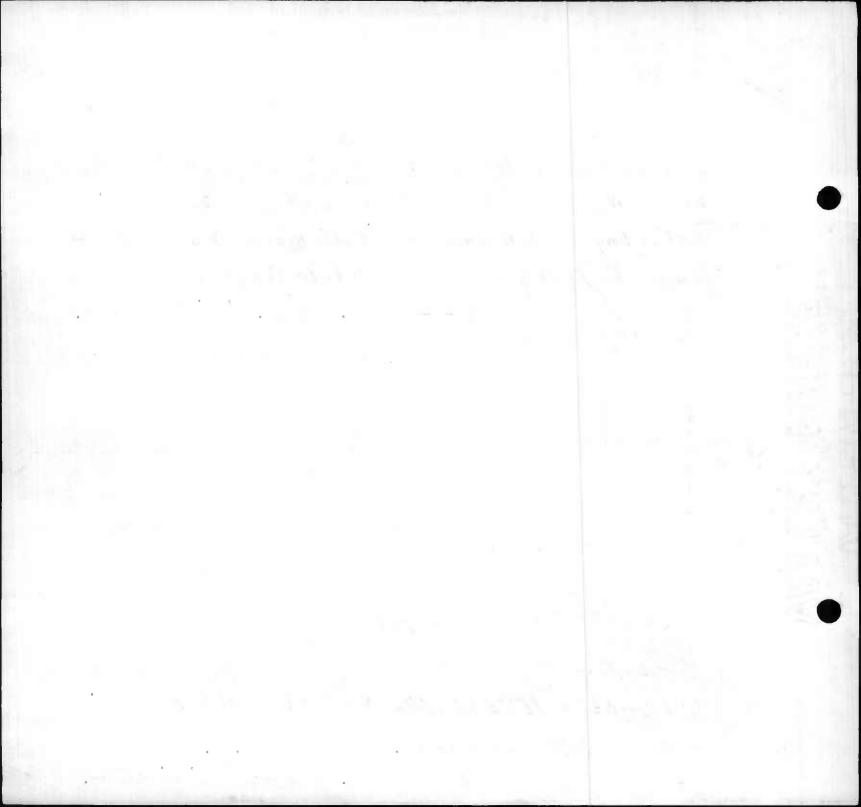
BIRTH NO.	66	(1401E	CERTIFICA	TE OF DEAT	H Registered No	56 H4U16	
M.E. CASE NO.				2, DA	TE AND HOUR OF DEAT	1/	
(Type or Print)	Edward N.	Sheeler			APRIL 18.	66 1 4:10 PM	
3. PLACE OF DE	EATH IN BALTIMORE, MA	RYLAND		A. STATE B.	(Where deceased lived/If	institution: residence before admission)	
HOSPITAL OR			give street	Md. c. city or town Balto.	(If outside city limits, write	RURAL and give township)	
00 12	228 Pine Height	s Ave,		D. STREET ADDRESS	(If rurol, give locotion) Heights Ave.		
5. SEX	6. RACE	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	White CUPATION (Give kind of work	Marrie		Nov. 30, 19	19 46 or foreign country)	12. CITIZEN OF	
	f working life, even if retired)	m		D-14- MA		WHAT COUNTRY?	
Mechanic		Transf	er Co.	Balto. Md.	N N A A A E		
13. FAIHERS NA	AIVLE			14. MOTHER'S MAIDEN NAME			
Lawr	rence Sheeler			Frieda Gi	lbert		
15. Was Decease	d Ever in U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Balto. Md. 2	ADDRESS	
	, , , , , , , , , , , , , , , , , , ,		220-03- 4000	Mrs Norono		28 Pine Heights Ave.	
No. 19	9.21		CAUSE 0		E. Difecter 12	INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DIE	ECTLY	Mis-	TACTATIC	CARCINOH		
	nal mean the made of , asthenio, etc. It means		00110	7.7.37.7.1.0	C/ 11CC 11CO 1/1/		
	implication which coused		()()	KNAWAI PA	RIMARY SIT	E 16 MOS.	
	ANTECEDENT CAUSES		DUE TO		× · · · · · · · · · · · · · · · · · · ·		
	OR CONDITIONS, if						
	he obave cause (A) IG CONDITION lost.	sloling the	(C)	m m m m m drdr m m 0 0 m 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
	-11						
E TO THE I	NIFICANT CONDITIONS C DEATH BUT NOT RELA R CONDITION CAUSING I	TED TO TH		E			
	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?	
OR CONTRIB	ENT WAS UNDERLYING CAUSE OF fy medical examiner)	21 B hom etc.	PLACE OF INJURY(e.g., i ne, form, foctory, street, o)	n of about 21C. WHERE ffice bldg., INJURY OCC	DID (If in Boltim UR?	are City, give exact lacation)	
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)		ile At Not While	le 🗀	ID INJURY OCCUR?		
22, 1 certif	y that (1) (this hospital			DEC,	19.64 to A	PRIL 18 1966	
that (I) (wa	Last saw the decease	d alive on	APRIL 8			pinian death occurred on the do	
and hour or	nd from the couses sta	ted obove. (1) (Wo) (did) (did not) v				
23A, SIGNAT	John H.	Dust	M.D. Atte	ending Med.	Staff Phys.	23 B. DATE SIGNED/ 4/18/66	
23C. PHYSICE NAME	ITYPE JOHN H	TUO		23D. ADDRESS ST.	AGNES I	40SP17AE	
24A. BURIAL CR REMOVAL	REMATION, 24B. DATE (Specify)	24C. N	AME of CEMETERY OF CR	EMATORY	24D. LOCATION	City, town, or county) (State)	
Burial	4/21/66	I	Loudon Park C	em.	Balto. Md.		
25A. DATE REC'		25B. NAME	OF REGISTRAR	25C. FUNERAL DIR		ADDRESS	
ALL	8 0 1300 Uple	00 01	,	G. Truman	Schwab 3512 F	rederick Ave. Balto.	

VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

CC OA A	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. 66 (14.1.1.7	CERTIFICA	TE OF DEATH	Registered Na.	36 HAU17
M.E. CASE NO.		2. DATE AND	HOUR OF DEATH	2 4
(Type of Print)	· D	16/18	2/11	0 30
3. PLACE OF DEATH IN BANTIMORE, MARYLAND		MA HISHAL BESIDENCE When	deceased lived If instit	1 6 He Ma
S. PEACE OF DEATH IN BASTIMORE MARIES		A. STATE B. COUNT	Y aeceasea livea. Il instit	lution: residence before admission)
FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	MAYY/QWd C. CITY OR TOWN, III outs	ide city limits, write RUI	RAL ond give township)
INSTITUTION		Baltings	11 1	
-59	. /	D. STREET ADDRESS III 10	urol, give location)	
Bon Secours 1	TOSPITAL	3004 STA	EROVD 5	T #23
5. SEX 6. RACE 7. MARI	WED, DIVORCED (specify)		AGE (In years	Of Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
MW	M	2-22-04	(2	
IOA. USUAL OCCUPATION (Give kind of work 108. KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF
done during most of working life, even if retired)				WHAT COUNTRY?
STATION ENG MIN	DANNING INC	14. MOTHERS MAIDEN NAM	Md	U.S.H.
	,	n / / i//-	U provi	
JAMES E. Drury		Hdele YVA	gner	
15. Was Deceased Ever in U. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of servi	ce) SECURITY NO.	17. INFORMANT	40 Md 21220	ADDRESS
			to, Md. 21229	
NO 18.	216-09-6792 CAUSE 0	Mrs. Carolyn M.	Drury 5004 S1	INTERVAL BETWEEN
4451	CAUSE	DEATH	A	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	- 1/ .	at to me and and	accordant line	1.001.
LEADING TO DEATH	(A) HU10	erunsice caracovi	isciicar aisea	e yeurs
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise				
injury or complication which caused deoth.)	,			
ANTECEDENT CAUSES	(B)	**************************************	***********	
	DUE TO			
DISEASES OR CONDITIONS, if any, gi	-			
UNDERLYING CONDITION last.	107	~~~		
O OTHER SIGNIFICANT CONDITIONS CONTRIBL	ITING			
E TO THE DEATH BUT NOT RELATED TO				
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
198. CONDITION WAS PERFORMED	or which of the horizontal	2/20	IN CERTIFYING CAUS	ES OF DEATH?
	Total of the second		F	e.J-
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., i	ffice bldg., INJURY OCCUR?	(II in Baltimore C	City, give exact location)
DEATH (notify medical examiner)	etc.)			
21D. TIME (Month) (Doy) (Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID INJU	IRY OCCUR?	
S OF MISORI	While At Not While	e 🗆		
(APPROX)	Work At Work			
22. I certify that (I) (this hospital) attend	ed the deceased from	4/17/19	9 56 10 4	18/ 1966.
	1//	2/ 10 (/ and sha	A In (mu) (aus) anini	on death occurred an the date
that (1)(we) last saw the deceased alive			r in(my) (dor) aprinc	on death occurred an the dote
and hour and fram the causes stated abov	e. (1) (We) (did) (did not) v	riew the body after death.		
23A. SIGNATURE	1/1. 201		2	B. DATE SIGNED
The ankola 12 30	M.D. AH	ending Med. S	Stoff	4/18/1966
23C. PHYSICIAN'S	7119	23D. ADDRESS	11/38	11121-100
NAME (Type)	THOMUSE	BON SECO	1108 41	380
CHOLAM-REZH PEZ	ESHKIHM.D.	BON SECO	4100 110	
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (City,	town, or county) (State)
Dumin 1 1/01/66 IT	anden Parls Car	D-74	CM C	
Burial 4/21/66 L	oudon Park Cem.	Balt	o. Md.	ADDRESS
Burial 4/21/66 L 2SA. DATE REC'D BY HEALTH DEPT. 25B. NAI	oudon Park Cem.	2SC. FUNERAL DIRECTOR	Balto, Md.	
	oudon Park Cem.	2sc. FUNERAL DIRECTOR G. Truman Schw	Balto, Md.	21229



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and written approval

			HEALTH DEPARTMENT	
BI R	TH NO. 66 (140)	CERTIFICA	TE OF DEATH Registered No.	66 04018
	AME OF DECEASED ROSE		2. DATE AND HOUR OF DEATH	
(Ту	pe or Print) ETHEL MEVE	RS	4-17-66-	6 5m - M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived, if A. STATE B. COUNTY	institution: residence before odmission)
	FULL NAME OF (If not in hospital or institut	ion, give street	md.	10-11
	HOSPITAL OR oddress or locotion) NSTITUTION	016	C. CITY OR TOWN (If outside city limits, wrife	RURAL ond give township)
	Is not Herpital of B	of hisoro	D. STREET ADDRESS (If rurol, give location)	<u> </u>
4			3507 Dennlyn	Pd. #15.
5. 5		RIED, NEVER MARRIED OWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours: Min.
	FEMALE XXXXXXXXX	married	4-15-96 70	
	USUAL OCCUPATION (Give kind of work) 10 B, KfN eduring most of working life, even if refired)			12. CITIZEN OF WHAT COUNTRY?
	HOUSEWIFE	AT HOME	LITHUANIA	U.S.A.
13.	FATHERS NAME		14. MOTHER'S MAIDEN NAME	
	JULIUS MARGOLIS		HINDA ?	
	Was Deceosed Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	17. INFORMANT	ADDRESS
	NO			7 DENNLYN ROAD
	18. 157X1	CAUSE O	F DEATH	ONSET AND DEATH
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	0	reinowa of panores.	
	(This does not meen the mode of dying,	e.g., DUE TO		
	heort foilure, osthenio, etc. It meons the dise injury or complication which coused death.)	ose,	molaskon axiti	
	ANTECEDENT CAUSES	(B) DUE TQ		-0
	DISEASES OR CONDITIONS, if ony, gi		10-12-12	
	UNDERLYING CONDITION lost.	me (C)		
	II .			
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	TING		
CERTIFICATION	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE	FINDINGS CONSIDERED
E E	4-7-66 WAS PERFORMED	- 1 - 1	IN CERTIFYING C	AUSES OF DEATH?
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, or etc.)		ore City, give exact location)
EDI	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.)	While At Work Not While At Work		
	22. I certify that (1) (this hospital) attend	ed the deceased fram	3 - 23 19 66 to	G: - 17 19 66.
	that (1) (we) last saw the deceased alive		7 19 66 and that in (m) (aur) ap	pinian death accurred an the date
	and haur and fram the causes stated above	re. M) (We) (did) (did not)	riew the bady after death.	
	23A. SIGNATURE	P		23B. DATE SIGNED
	Chare Mony	Phy	ending Med. Stoff Phys.	x-/7-60
	23C. PHYSICIAN'S NAME (Type) CAARE PHONE	RASERT M.D.	Sivai Gesjal	tal, Ballo, Hd.
24/	BURIAL CREMATION, 248. DATE 24 BURIAL (Specify) 4/19/1966	C. NAME OF CEMETERY OF CRI		City, town, or county) (Stote)

BROS.INC.6010 REISTERSTOWN L LEVINSON

APR VS 150-REV. 1/1/65

25A. DATE

4/19/1966

0

258. NAME OF REGISTRAR

A CLASSIC DISC SPANIES .-Sempreta gov. 12.

ASE NO. AE OF DECEASED OF PRINTS CE OF DEATH IN SALTIMORE, MAI L. NAME OF (II not in hospitol of	HOFFENBERG		Registered Na.	56 44419
CE OF DECEASED OF PRINT OF SET OF MAIN L NAME OF (II not in hospital of			AND HOUR OF DEATH	70
		4. USUAL RESIDENCE (W	OLZ 16, 1960 here deceased lived. If in	nstitution: residence befare admission)
SPITAL OR oddress or location	or institution, give street	MARYLAND	0	27-16 RURAL and give township)
	ts Avenue	D. STREET ADDRESS (4613 PAR	First of the second of the sec	AUE.
MALE WhITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 His. Months Doys Hours Min.
uring most of working life, even if retired)	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or lo		12. CITIZEN OF WHAT COUNTRY?
THER'S NAME	Shop	Russia 14. MOTHER'S MAIDEN N	AME	USA
		Unknown		
				ADDRESS
LEADING TO DEATH his does not mean the made of eart lailure, asthenia, etc. It means jury ar camplication which caused	dying, e.g., Due 10 the disease,	OF DEATH UTE NOCHET	. —	INTERVAL BETWEEN ONSET AND DEATH
se to the above couse (A) NDERLYING CONDITION last. II THER SIGNIFICANT CONDITIONS COORDITIONS COORDI	ONTRIBUTING OTHER TO THE CONTRIBUTING	exotic CARNIOVAS	sou LAR VISEA	E. OYEARS.
		20A. AUTOPSY? (Yes or		FINDINGS CONSTREED LUSES OF DEATH?
A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EATH (natily medical examiner)	21B. PLACE OF INJURY (e.g., home, loim, foctory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltiman	e City, give exact lacotion!
D. TIME (Month) (Doy) (Year) FINJURY PPROX.)	While At Not WI	nile 📉	NJURY OCCUR?	0 1
at 👸 (we) last saw the decease	ed alive an April 16. red abave. (IV (VII) (did) (did)) M.D. April 10. AND ASO M.E. 24C. NAME of CEMETERY of C	thending Med. 23D. ADDRESS 3832 FACK B	Stoff Phys. Stoff Phys. Stoff Phys. COLATION (C.)	23B. DATE SIGNED April 16, 1966 E 1 ity, town, or county) (State)
T S P TCHA RE EF S	UNITE UAL OCCUPATION (Give kind of wark ring most of working life, even if retired) Tailor HER'S NAME UNKNOWN Deceased Ever in U. S. Armed Form of unknown) (If yes, give wor or dote) DISEASE OR CONDITION DIR LEADING TO DEATH and most does not mean the made of art loidure, asthenia, etc. If means urly ar camplication which caused ANTECEDENT CAUSES SEASES OR CONDITIONS, if the dots are the abave cause (A) NDERLYING CONDITION last. INTERSIGNIFICANT CONDITIONS CONTRIBUTION CAUSING I SEASE OR CONDITION CAUSING I AND ALL OF OPERATION 198. CON WAS PERION 198. CONTRIBUTING CAUSE OF ATH (notify medical examines) A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify medical examines) A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notify that (this hospital at (this hospita	WIDOWER, DIVORCED (specify) WIDOWER. UAL OCCUPATION (Give kind of work ining most of working life, even if retired) Tailor HER'S NAME UNknown Deceased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of dotes of service) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH his does not mean the made of dying, e.g., and laiture, asthenia, etc. It means the disease, ury or camplication which caused death.) ANTECEDENT CAUSES SEASES OR CONDITIONS, if any, giving e to the abave cause (A) slating the NDERLYING CONDITION last. THER SIGNIFICANT CONDITIONS CONTRIBUTING DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ADATE OF OPERATION WAS PERFORMED A. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF ATH (notily medical exomine) D. TIME (Manth) (Doy) (Year) (Hour) A. I certify that (I (this hospital) attended the deceased from Injury PPROX.) A. SIGNATURE M.D. A. PHYSICIAN'S NAME (Type) WIDOWER. WIDOWER, WIDOWER, 108. KIND OF BUSINESS OR INDUSTR SECURITY NO. 16. SOCIAL SECURITY NO. CAUSE (A) FOR SECURITY NO. CAUSE (B) (C) DUE TO THE PROSE (B) (C) (B) (C) (D) (C) (D) (D) (D) (D) (D	WIDOWED, DIVORCED (specify) WIDOWER. UAL OCCUPATION (Give kind of work) Tailon Tailon HERS NAME UNKNOWN Deceased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of doles of service) Diseased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of doles of service) Diseased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of doles of service) Diseased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of doles of service) Diseased Ever in U. S. Armed Forces? of unknown) (Iff yes, give wor of doles of service) Diseased Ever in U. S. Armed Forces? OCAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH DISEASE OR CONDITION CAUSES SEASES OR CONDITIONS, if any, giving of to the above cause (A) stoling the ONDERLYING CONDITION SOUTHBUTING DITHE DEATH BUT NOT RELATE DITHE DEATH DITHE DEATH BUT NOT RELATE DITHE DEA	WIDOWER DIVORCED (specify) WIDOWER WI

52.

Dec

1966

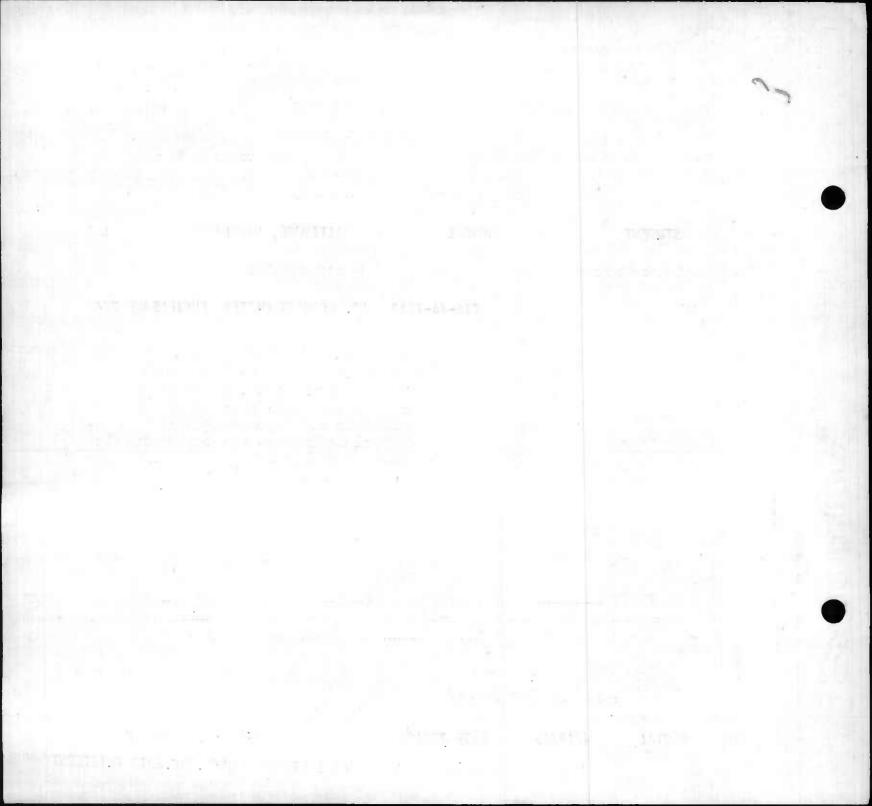
APR VS 150-REV. 1/1/65 FarlenAs

the state of the s

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be opproved by the chief medical exominer or his assistant if deoth occurred in a hospital and was D.O.A. at a hospitol (except where the physician who pronounced death wos in regular attendonce on the deceased prior to death); and (6) No physician was in regular attendonce on the deceased prior to death. Such written approval must be obtained before the remoins are embalmed or final disposition is mode.

		00	BALTIMORE CITY	HEALTH DEPARTMENT		OP WALLOW	
BIRTH NO.	66 U	AUZU	CERTIFICA	TE OF DEATH	Registered No.	66 04020	
M.E. CASE NO.	CEASED MARCIA			DATE	AND HOUR OF DEATH		
(Type or Print)	Lynne Garte			4	4-18-66	5:40 a,	
3. PLACE OF DE	ATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W A. STATE B. COL	here deceased lived. If is JNTY	stitution: posidence before admission	
FULL NAME O	OF (If nat in hospital oddross or location		ivo stroot	Maryland	outside city limits, write	RURAL and give townshipt	
INSTITUTION				Baltimore		53,000	
5				D. STREET ADDRESS	(If rural, give location)		
The Joh	nns Hopkins	Hospit	al	Box 809 Eng	geemeade Ro	oad	
5. SEX	6. RACE	WIDOWED	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.	
Female	White		married	6-17-51	14		
	CUPATION (Give kind of work working life, even il retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (State or fo	oreign country)	12. CITIZEN OF WHAT COUNTRY?	
STUD		SC	CHOOL	BALTIMORE,	MARYLAND	USA	
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN N	AME		
Herbert	t Garten			Suman Fedd	er		
	d Ever in U. S. Armed For		1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
NO			216-46-7880	MR. HERBERT G	ARTEN ENGLE	MEADE ROAD	
18 / -	4.67		CAUSE O			INTERVAL BETWEEN	
DISEA	SE OR CONDITION DIE	ECTLY			- 10	ONSET AND DEATH	
	LEADING TO DEATH		(A) Acut	te Cardiac A	rrhythmia,	causing hour	
	nal meon the made of , osthenia, etc. It means		DUETO	ractable con			
	mplication which caused			lure and sho	_		
	ANTECEDENT CAUSES		(B)			A 4 2	
DISEASES	OR CONDITIONS, if	any, giving		hypertrophic			
	ne abave cause (A) G CONDITION last.	sloling lhe		nosis and hypertrophic years pulmonic stenosis and possible			
ONDERETH	**					possible	
E TO THE D	III DEATH BUT NOT RELA	TED TO THE	3	monary embol Syndrome	us		
U 19A. DATE O	F OPERATION 198. CON		VHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONSIDERED	
NONE	WAS PER	FORMED		yes	IN CERTIFYING CA		
OR CONTRIB	ENT WAS UNDERLYING CHURCH CAUSE OF	hom etc.)	e, form, foctory, street, of	n or obout 21 C. WHERE DID		e City, give exact location)	
0 21D. TIME	(Month) (Doy) (Your		INJURY OCCURRED	21 F. HOW DID 1	NJURY OCCUR?		
OF INJURY			le AI Not Whil				
		Wor		4 10		10	
22. I certify	y that (1) (this hospital	ottended th		4-18-	19 66 ta 4.	-18 19 66	
that (1) (we	† last saw the decease	d alive on	4-18	19 66 and	that in (my) (our) api	nian death occurred an the da	
and hour an	nd from the couses stat	red abave. (1) (We) (did) (did-net)-v	riew the bady after deat	٦.		
23A. SIGNAT	URE R					23 B. DATE SIGNED	
14	WHO AL	ush	M.D. Atte	s. Mod. Director	Stoff Phys.	4-18-66	
23C. PHYSICI	AN'S Type JAY B	JEN.	SEN M.D.	The Johns H	onkins Hosi	pital	
24A. BURIAL CRE		24C. NA	ME of CEMETERY OF CRI			ity, lown, or county) (Slote)	
BURTA	(Specify)		BETH TFILOH	BA	ALTIMORE, MAR	CYLAND	
APR 2	1966 Pleas	25B. NAME C		SOL LEVINSON	N & BROS. INC.	6010 REISTERSTOWN	
VS 150-REV, 1/1/	/65						



66 04021 BALTIMORI	E CITY HEALTH DEPARTMENT
BIRTH NO. CERTIF	ICATE OF DEATH Registered No. 66 14121
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type or Print) SARAH KLEIN	APRIL 17, 1966 /2NOON
3. PLACE OF DEATH IN BALTIMORE MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) tNSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
0.0	BALTIMORE
90 MT. SINAT NURSING HOME	D. STREET ADDRESS (If rurol, give locotion) 912 SOUTH CHARLES STREET
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spec	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs Honths Doys Hours Min.
FEMALE WHITE WIDOWED	11/1/1885 80
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IND done during most of working life, even if retired)	DUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME	
13. FATHER'S NAME	RUSSIA USA
HARRY COHEN	GERTRUDE RABINOWITZ
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
NO 212-42-29	59 MRS. JEAN DEARING 4312 WENTWORTH ROAD
18. 4/~2). CAI	USE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
LEADING TO DEATH	Acute Covonan, Thrombosis sudden
(This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	TO
injury ar complication which caused deoth.)	oronory Sclenosis 2 yrs.
ANTECEDENT CAUSES	TO 2/ 2/ 2/
DISEASES OR CONDITIONS, if any, giving	Interio sclenolie C.U.D. 10 ms
rise to the above cause (A) stating the (C)	ENTENIO SCIENCITE CO. 12, 10 TH S
II	
O THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	abetes Mallitus 34ns.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	Y (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) treet, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRI	ED 21F. HOW DID INJURY OCCUR?
While At N	ot While 1
22. I certify that (I) (this hospital) attended the deceased from	n Fol. 10 1963 10 april17 1966
that (1) (we) lost saw the deceased alive on april	(6 19 6 ond that in(my) (our) opinian death occurred on the do
ond hour and fram the couses stated obove. (1) (War) (did) (did	
23A, SIGNATURE	23B, DATE SIGNED
On Am K Homeron M.	
23C. PHYSICIAN'S	Phys. Director Phys. 4/1/1/69
NAME (Type) I. K. GROSSMAN	M.D. 1527 EAST NORTH AVENUE
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY	
REMOVAL (Specily)	
BURIAL 4/18/66 RODFE ZEDEK	RAITTMORE MARVIAND

4/18/66

HEALTH DEPT. 1966

VS 150-REV. 1/1/65

1/18/66 RODFE ZEDEK

DEPT. 258. NAME OF REGISTRAR

Robert E. France, M. BALTIMORE, MARYLAND

25C. FUNERAL DIRECTOR
SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN THE TAXABLE PARTY OF THE PARTY

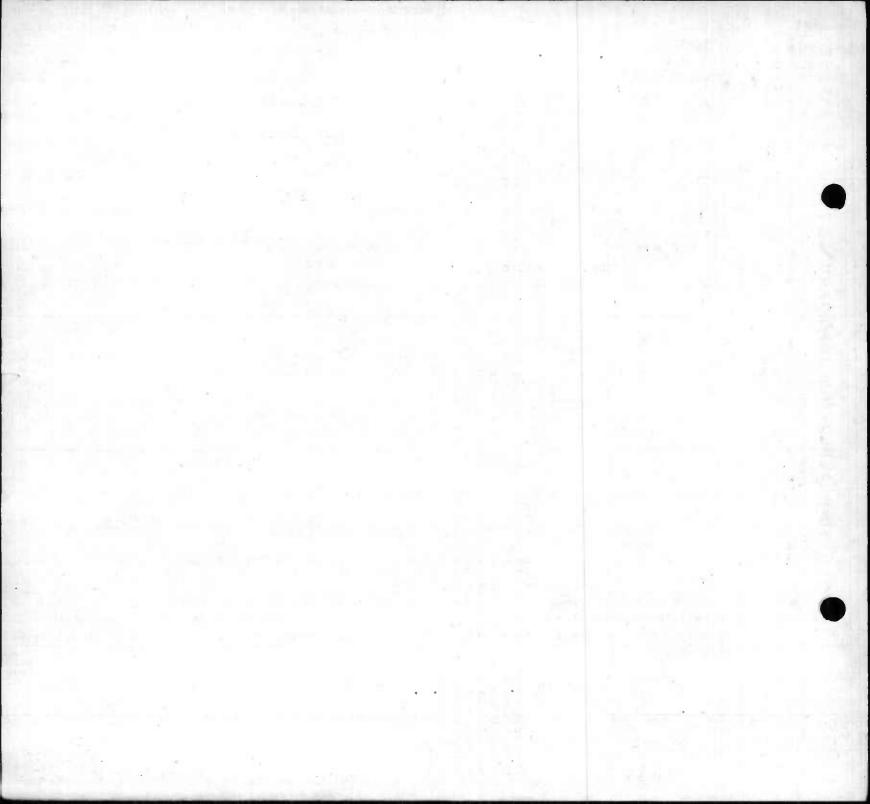
variate in the co

Berlinson Tily Helper Lace mule proof now passed 4/14/1/6 972 for a com 0.0 Take on the American Kindley days Total Washington Day ge man last) EDWARD CLASSE FATEMER TO THE

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

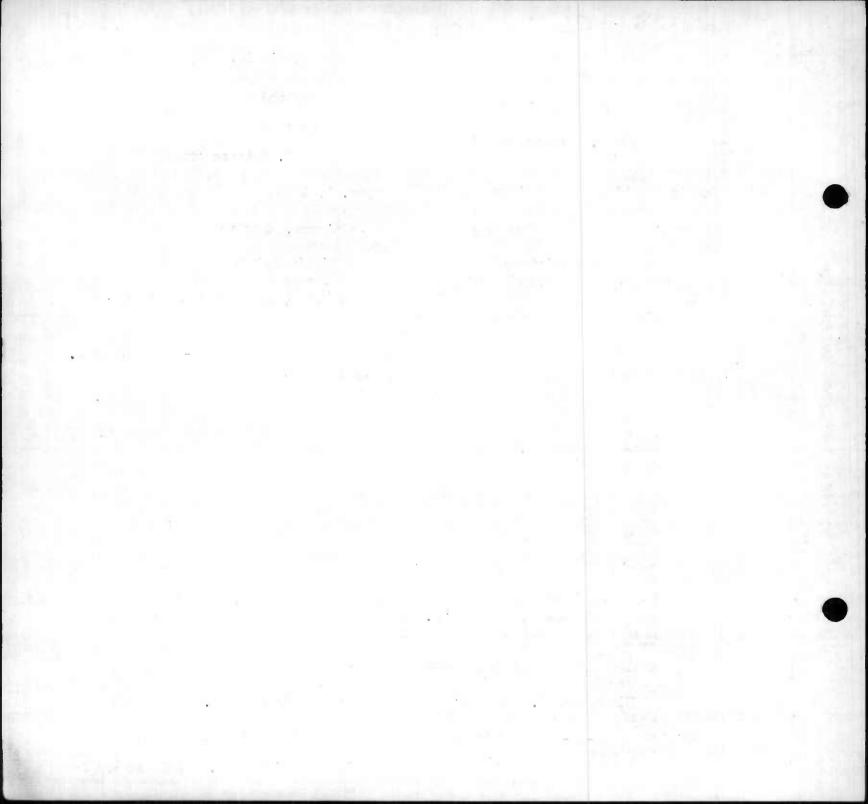
	663 - 41	BALTIMORE CITY	HEALTH DEPARTMENT	
11	TH NO. 66 (14)	CERTIFICA	TE OF DEATH Registered No.	14023
1.1	E CASE NO. NAME OF DECEASED pe or Print) R.	aude	2. DATE AND HOUR OF DEATH	1061 1350
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	and do	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or lacation)	tion, give street	Pennsylvania C. CITY OR TOWN Of outside city/limits, write I	RURAL and give township)
K	INSTITUTION		Philadelphia	we write one give revitation.
18	Maryland Comme	al Hospital	D. STREET ADDRESS (It rurol, give focotion) 4601 Griscom Street	1.
5.	SEX 6. RACE 7. MAR	RIED. NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In Accurs	If Under 1 Yr. II Under 24 Hrs.
	F W WIDE	OWED, DIVORCED (specify)	8.6 1878 lost birthdoy! 87	Months Days Hours Min.
	LUSUAL OCCUPATION (Give kind of work 10B, KIN to during most of working life, eyen if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1	ion se wife		Lemsy Vania	USA
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
	Mi ^c chael Faulk	ner		
15.	Was Deceased Ever in U. S. Armed Forces? s,na arunknawn (If yes, give war ar dates of serv	16. SOCIAL	17. INFORMANT	ADDRESS
(16	NO		Hospital Char	t
	1B. 44 / XI	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	B	and also	2 1 1 1 1 1 1 1
	(This does not mean the mode of dying,	e.g., DUE TO	one hopenmony	h / Week
	heart failure, asthenia, etc. It means the dise injury or camplication which caused death.)			
	ANTECEDENT CAUSES	(B)		
		DUE TO	MANAGEMEN - P-0000 0 P-0780 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	DISEASES OR CONDITIONS, if any, gi			
	UNDERLYING CONDITION last.	Enterlands de desta de constitución de constit		
_	II .	Corona	my Heart Dissage.	2 days
TO	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	THE Collapse	Dumbar Vertebraede	e I week
A	DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	7 20A. AUTOPSY? (Yes or No) 20B. IF YES. WERE	
ERTIFIC	WAS PERFORMED	OK WHICH OPERATION	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
CER	21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n or about 21 C. WHERE DID (If in Baltimare	e City, give exact location)
AL	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	home, form, factory, street, or	ffice bldg., INJURY OCCUR?	
U	21 D. TIME (Month) (Day) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
MEDI	OF INJURY	While At Not While		
	(APPROX.)	Work Al Work		
	22. I certify that (N) (this hospital) attend	ed the deceased from	4.10 19 60 to	4.191966
	that (1) (we) last sow the deceased alive	an	19 6 and that in (my) (ave) api	nion death occurred on the date
	and hour and from the causes stated above	re. (1) (We) (did) (did not)		
	23A. SIGNATURE	7/1		23B. DATE SIGNED
	a Vinalounta	M.D. Atte	ending Med. Director Physics	4.19.66
	23C.PHYSICIANS Charles E.			
	NAME (Type)	M.D.	230. ADDRESS 607 W. Joppa	(7 1) -11
244	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (C)	d $\lambda 1 2 0 4$ ty, town, or county) (State)
1	REMOVAL (Specify)	- CHARLE OF CENTERENT OF CRI		
-		Our Lady Grace	Philadelphia,	Pennsylvania
25/	A. DATE REC'D BY HEALTH DEPT. 25B. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Rolling met
	APR 20 1966 (P.O. 5-1	E. STILBERTAN	Wm. J. I ichnew so	month IPa.
V\$	150-REV. 1/1/65			



	2	2	O	l
,	70	o the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	(except where the physician who pronounced death was in regular attendance on the cand (6) No physician was in regular attendance on the deceased prior to death. Such	
	=	Se	4+	
	-0	0 0	S	
	8	000	9 5	
		00	0 +	
	25	0 6	9	
	ž	SI	D P	
	8	0 9	100	
		2	+ -	
	77	500	0.0	
	9	9	L 0	0
	5	ء ۾	50	D
	23	E	Se	E
	0	0	9 0	.5
	부	9	E 9	0
	90	0	S	=
	70	= =	0 0	0.5
-	.=	9 4	3 =	Sp
Z	=	B	4 5	9
4	D	9 5	0 0	=
Z	5.5	는 고	P	=
0	SD	- 2	0 0	7
9	S	. 0	nd nd	0
2	~	So	100	9
-	0	4 o	5	E
FUNERAL DIRECTOR: IMPORTANT	-	: 3	0 -	D
K	'n	000	0 0	7
7	E	fr	0 0	0
U	0	54	A P	0
~	0	X CO	- 5	0
=	8		0	I S
	-5	Ca	2	D
7	9	0 5	7 2	10
2	E	E	ph	-
ш	0	70	6.9	è
Z	4	Bo	th X	0
3	0	50	9 5	0
	÷	70	0 0	9
	>	= 0	\$ Z	-0
	70	SP	- 3	. 0
	0	5 5	9	
	0	9 >	X	210
	b	+ 5	9 0	0
	0	5-	= 2	9
	0	7	i t	+
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	written approval must be obtained before the remains are embalmed or final disposition is made.
	CS	. P	ho	E
	E	9	0	D
	10	SI	+ 0	0
	00	AP	10	b
	=	(=	A. P	0
	T.	Ø	Se C	=
	Ü	bo X	0	110
	315	9 0	20	E
	F	+ 5	3 0	3

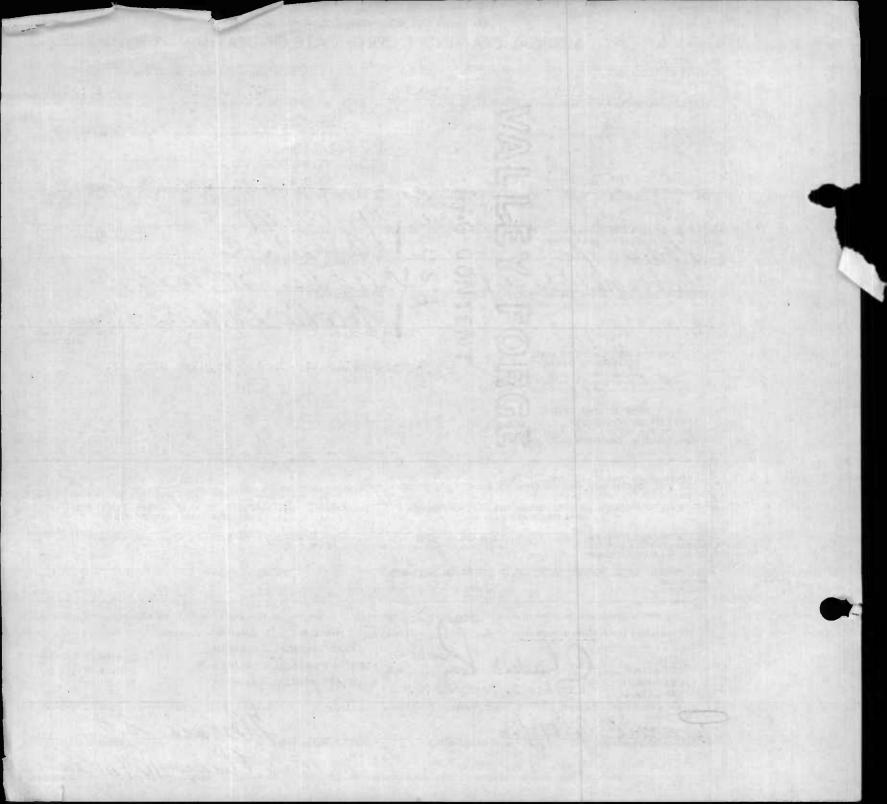
VS 150-REV. 1/1/45

	00 0	()() 3	BALTIMOR	RE CITY HE	ALTH DEPARTMENT		CC 04004
BIRTH NO		U24	CERTIF	ICATE	OF DEATH	Registered Na.	66 04024
M.E. CAS 1. NAME (Typo or P	OF DECEASED	KATE 1	REAGAN		2. DATE Apri	1 18, 1966	5.'20 A,
FULL N		TIMORE, MARYLAI of in hospitol or ins		A.	Marylan	d	n stitution: residence before admission
INSTITU	NOITU	S. Potomac	Street		Baltimo		RURAL ond give township)
. sex Fema.	6. RACE		ARRIED, NEVER MARRIED IDOWED, DIVORCED (spec	cifu)	ov. 1, 1885	9. AGE (In years lost birthday) 80	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
one durin	AL OCCUPATION (G g most of working lite, sewife	even if retired)	and of Business or ini on Home		Baltimore, M		12. CITIZEN OF WHAT COUNTRY?
3. FATHE	r's name J	ohn Weistr	er	14.	Minnie Ka		
S. Was Dies, no or No	Deceased Ever in U. unknown) (II yes, giv	S. Armed Forces? re wor or dotes of :	ervice) 1 6. SOCIAL SECURITY NO	1.	informant harles Reaga	n 3117 Fl	eet Street
DISE rise UND	ASES OR COND IO THE OBOVE ERLYING CONDIT ER SIGNIFICANT CO THE DEATH BU	atc. II means the which caused deall NT CAUSES ITIONS, il any, cause (A) station long to the cause (B) station long to the cau	gi.e.g., DUE lisease, (B) (B) DUE giving ang lhe (C)	vas	iesclereti cular Dise	886	5 yrs.
	ASE OR CONDITION		N FOR WHICH OPERATION	N	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
0 21 A.	ACCIDENT WAS U ONTRIBUTING C H (notify medicol ex	AUSE OF	218. PLACE OF INJUR homo, lorm, loctory, s etc.)	ty (e.g., in or street, office	obout 21 C. WHERE DID bldg., INJURY OCCUR?	(If in Boltimor	ro City, give exact location)
21D.	IJURY	(Doy) (Yeor) (Ho	While At N	RED Not While	21 F. HOW DID I	NJURY OCCUR?	
that	(I) (we) last saw	the deceased ali	ve an Apre	16	19.66 and	that in (my) (our) o p	pril 19 66 Inlan death accurred an the da
	Cla	rence W.	Littous M.	D. Attendin	Director L	Stoll Phy s.	4/18/66
1		rence W.	LeDoux	M.D.	3023 Easte		
Bur	ial (Specily)	48. DATE 4-21-1966	Schwartz	Y or CREMA	Ba	altimore, Mar	
5A. DAT	APR 2	1966 P.	NAME OF REGISTRAR	MA	25C. FUNERAL DIRECT Lilly & Zei.		Ol Eastern Ave



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH N	MEDICA	L EXAMINER'S CE	RTIFICATE OF [DEATH Register	ed No. 10 Alic
M.E. CA	ASE NO.				
1. NAM	E OF DECEASED		2. DATE AN	D HOUR PRONOUNCE	
	GENEVA	EVANS	Apri		12:28 P M.
3. PLAC	E IN BALTIMORE, MARYLAND, WHERE P	RONOUNCED DEAD	A. STATE	deceased lived. If instit	nty esidence before odmission
FULL NA	AME OF (IF NOT IN HOSPITAL OR ADDRESS OR LOCATION)	INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside	e corporate limits, write	RURAL and give township)
INSTITUT	TION		Baltimore		
			D. STREET ADDRESS (If rurol,	give location)	
	Lutheran Hospital	rke beginning and	2043 E. Ea	ger Street	
5. SEX		RRIED, NEVER MARRIED WED, DIVORCED(specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
Fema	ale Negro	Widow	yord 12,189	9 67	
	JAL OCCUPATION (Give kind of work 10 B. Kl nyg prost of working life, eyfen if retired)	ND OF BUSINESS OR INDUSTRY	BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
1 8	44.001/160		Xamar D	,0,	
13. FATH	ER'S NAME		14. MOTHER'S MAIDEN NAME	Smc In	11.
15 WAS	DECEASED EVER IN U.S. ARMED FORCE	ES? / [16. SOCIAL	17. INFORMANT	111-1 aa	ADDRESS _
	orunknown) (If yes, give war or dotes of se		11/11	B. 1 .2	2 - 0 . 8
no			artique t	Meler ?	203 Demuser V
18.	42211	CAUSE	OF-DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	Antoni	osclerotic Card	iovacoulas D	isones
(T	his does not mean the made of dying, and failure, asthenia, etc. It means the di	6.0. DUE TO	oscierolic card	iovascular D	TSease.
in	jury or complication which coused death.)				
	ANTECENDENT CAUSES	(D)			
	ISEASES OR CONDITIONS, IF ANY, GI SE TO THE ABOVE CAUSE (A) STATING		•••••		••••••
	NDERLYING CONDITION LAST.	(C)			
ē	ll l				
3 0	THER SIGNIFICANT CONDITIONS CONT				
는 o	O THE DEATH BUT NOT RELATED ISEASE OR CONDITION CAUSING IT.	180080000000000000000000000000000000000			
3 19A.	DATE OF OPERATION 198, CONDITION WAS PERFORME		20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	
10	EXTERNAL CAUSE WAS	21B. PLACE OF INJURY (e.g., in	No	If in Boltimare City six	a areat legation)
OUND	ERLYING OR CONTRIB-	home, form, foctory, street, of	fice bldg., INJURY OCCUR?	in in commore City, gra	e exoct loconon)
<u>=</u>			21f. HOW DID INJU	Lay Occiles	
OF I	TIME (Month) (Doy) (Year) (Ho NJURY (ROX.)	WHILE AT NOT W		oki occok:	
22.		m. WORK AT WO	ORK		
	1 certify that I held on Inquiry	Inspection X Auto	opsy and that on thi	s basis, death In m	y opinian
	resulted fram: Natural causes	Accident Sulcide	Hamicide U	Indetermined manne	r 🗌
	ACTUAL A		CHIEF MEDICAL EX		DATE SIGNED
	SIGNATURE Last		ASSISTANT MEDICAL EX		4/15/66
	HAME (1996)	S. Petty M.D.	ASSOCIATE MEDICAL EX	(AMINER	
	RIAL CREMATION, 23B. DATE	23C. NAME of CEMETERY of	CREMATORY 23D. L	OCATION (City,	town, or county) (Stote)
93	parce Merel 17/0	6	1	lour une	S.C.
24A. DA	TE REC'D BY HEALTH DEPT. 248.	NAME OF REGISTRAR	24C. FUNERAL DIRECTOR		ADDRESS
F	14R & U 1986 P. D. A. &	Fredry M. 18	Milling &	Flu keen	1129 M. Carlin S
V\$ 151-	REV. 1/1/65		Transitor,		117/1/100



BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD Scheuerman JOHN EARL SCHERMAN 10:45 A M. April 16, 1966 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) B. COUNTY Mary land FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) Baltimore 28 D. STREET ADDRESS (II rural, give location) St. Agnes Hospital 6639 Frederick Avenue 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) If Under 1 Yr. II Under 24 Hrs. WIDO WED, DIVORCED (specify) Months, Days, Hours, Min. Dec. 12/02 Male White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF chief, A.R. Bureau WHAT COUNTRY? Balto. Md. USA O.R.R. 4. MOTHER'S MAIDEN NAME Louis Scheuerman Elizabeth-15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 705 09 0017Bertha L. Scheuerman (Same) INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Arteriosclerotic Cardiovascular Disease. (This does not mean the mode of dying, e.g., heart lailute, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

Yes

218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, loctory, street, office bldg., INJURY OCCUR?

OF INJURY
(APPROX.)

ON THE CONTROL OF THE CONTROL

21F, HOW DID INJURY OCCUR?

t certify that I held an Inquiry resulted fram: Natural causes X

21 A. EXTERNAL CAUSE WAS

UTING CAUSE OF DEATH.

Autapsy X

23C. NAME of CEMETERY of CREMATORY

and that an this basis, death in my opinion

ACTUAL ACTUAL Suicide Mamicide CHIEF MEDIC

248. NAME OF REGISTRAR

CHIEF MEDICAL EXAMINER
M.D. ASSISTANT MEDICAL EXAMINER

DATE SIGNED

(Stote

EXAMINER'S NAME (Type) Charles S. Petty, M.D.

ASSOCIATE MEDICAL EXAMINER

4/17/66

23A. BURIAL CREMATION, REMOVAL (Specily) burial

Z C

MEDI

22.

4/20/66

Loudon Park

Inspection

24C. FIPERA

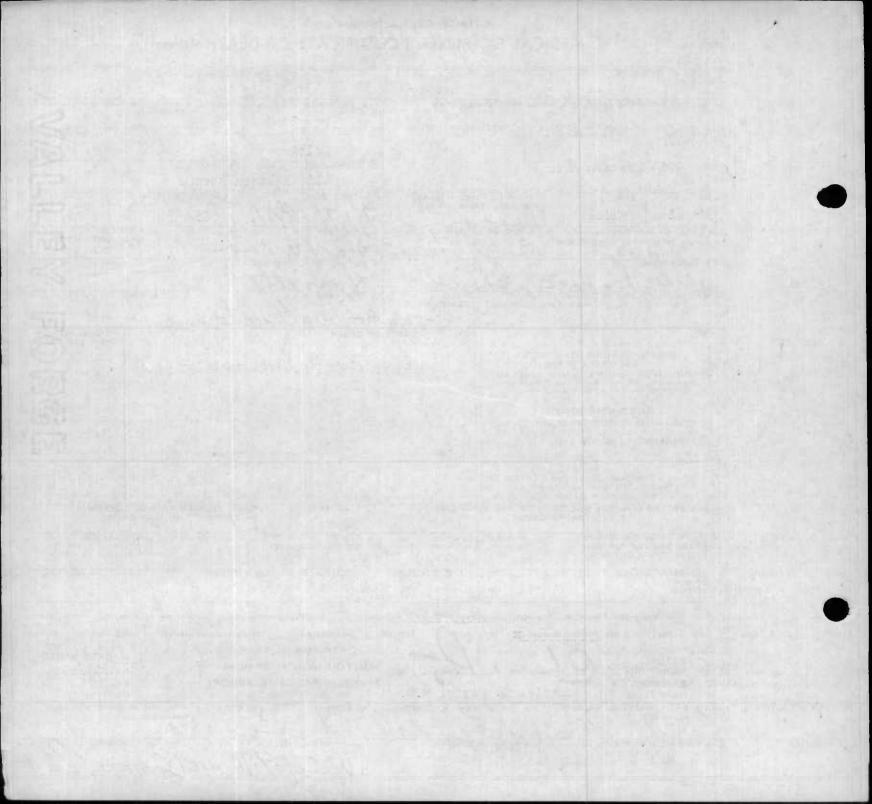
APR & U 1966 Oblais E. Fall

23B. DATE

VS 151-REV. 1/1/4"

a converge . Bolton -- 42 90 12 14 ... (see) no management. I more setting to det

66	11127 TIED	6 CAL EV	ALTIMORE CITY HEA	LTH DEPARTMEN		SEA TILL	66	14027
BIRTH NO.	MED!	CALEX	AMINER'S C	ERTIFICAT	E OF I	JEA I H Registe	ered No	
M.E. CASE NO.	FASED				2 DATE AN	D HOUR PRONOUNC	FD DEAD	
(Type or Print)		NTE	TT A D TITEST					10 10 -
3. PLACE IN BALT	KATHERI IMORE, MARYLAND, W		HARVEY NCED DEAD	A. STATE	ENCE (Where	il 16, 196 deceosed lived. II ins B. COI	titution: resider	10:50 P M.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TOV	ryland VN (If outside Ltimore	e corporote limits, writ	e RURAL ond	give township)
4714	Eastern Aven	ue		D. STREET ADDE	RESS (If rurol,	give locotion) ern Avenue	76	0,1
5. SEX	6. RACE	7 AAABBIED	NEVER MARRIED	B. DATE/OF BIRT		9. AGE (In years	I ff I Index 1	Yr, If Under 24 Hrs.
Female	White		OLYORCED(specify)	7/17/	1900	lost birthdoy) 65	Months, Do	ys Hours Min.
	JPATION (Give kind of work yorking life, even if retired)	TOR KIND OF	Home	TIT. ERTHPLACE	State or foreig	n country)	12. CITIZEN	COUNTRY
13. FATHER'S NAN		1	0.01	14. MOTHER'S M.	AIDEN NAM			
late.	Heodare	- SCI	mede	How	retto	U		
	O EVER IN U.S. ARMED (If yes, give wor or dote		16. SOCIAL SECURITY NO.	A - MI 9	14	for - 6	ADDRESS	ster
18.			CAUS	E OF DEATH	D. Oragic	everana		TERVAL BETWEEN
DISEAS	SE OR CONDITION DI	RECTLY					0	NSET AND DEATH
	LEADING TO DEATH			ioscleroti	c Cardi	lovascular I	Disease	
heart failure, injury or cor	osthenio, etc. It meons application which coused antecendent CAUSE	the discose, death,)	DUE TO					
RISE TO TH	OR CONDITIONS, IF A E ABOVE CAUSE (A) S'		DUE TO					00400 0000 0 pm 20 00 0000 000 00 00 00 00 00
No.			(C)					
E TO THE	II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO TI						
	OPERATION 198. CON WAS PER	DITION FOR V	VHICH OPERATION	20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE F		
UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. I home, etc.)	PLACE OF INJURY (e.g., form, foctory, street,	in or obout 21C. V	HERE DID	(If in Boltimore City, g	ive exact loca	tion)
Z 21D TIME	(Month) (Doy) (Yeo	Hour) 2	E. INJURY OCCURRED	21 F. H C	JENI DID WC	JRY OCCUR?		
(APPROX.)	THE REAL PROPERTY.	m. W	HILE AT NOT	WHILE WORK				
22.	tify that I held an I	nquiry 🗌	Inspection X A	utapsy and	that an thi	is basis, death in	my apinion	
resul	ted fram: Natural ca	uses 🔀 A	ccideny Suicle			Indetermined mann	er 🗌	
ACTUA	11/1	0.1.1	11-	CHIEF MI	EDICAL EX		,	DATE SIGNED
SIGNAT	FR'S	1		ASSOCIATE M		December 1	2	1/17/66
23A, BURIAL CRE	MATION, 238, DATE		Petty, M.D.	or CREMATORY /	23D. L	OCATION (City	, town, or cou	nty) (Stote)
Swist	4/20	/	Toudo	y of	B	elfo id	nel	DRESS
	EU 1966 P.	Put E	OF REGISTRAR	10	She 7	10.4101	Edmi	oness av
V\$ 151-REV. 1/1/	65	-			0			



	E. CASE NO.			TE OF DEATH Reg	
	Pe or Print)			2. DATE AND HOU	
	Kevin PLACE OF DEATH IN BALTIMORE			April	18, 1966 9:
Jo F	PLACE OF DEATH IN BALTIMORE,	MARTLAND		A. STATE B. COUNTY	osed lived. If institution: residence before admissi
F	FULL NAME OF (If not in hosp		eet	Maryland	1000
	HOSPITAL OR oddress or foc			C. CITY OR TOWN (If outside cit	y limits, write RURAL and give township)
, 0		ent Hospital		Baltimore	
1		vision Street		D. STREET ADDRESS (Il rurol, gi	ve location)
		re, Maryland			lberry Street
5. \$	SEX 6. RACE	7. MARRIED, NEVER WIDOWED, DIVO		lost birt	(In years If Under 1 Yr., II Under 24 I Months; Doys Hours; Min
	Male Negro	single		弊ug · 130,1964 20	Omonths
ØΑ	LUSUAL OCCUPATION (Give kind of educing most of working life, even il retire	work 108, KIND OF BUSIN	ESS OR INDUSTRY	11. BIRTHPLACE (State or foreign coun	12. CITIZEN OF WHAT COUNTRY?
lone	None	44		Marria and	
13.	FATHER'S NAME	None		Maryland 14. MOTHER'S MAIDEN NAME	U.S.A.
		,			
	10 10 10 10 44	Smith		Selena Grady	
Yes	Wos Deceosed Ever in U. S. Armed s, no or unknown) (II yes, give wor or		CURITY NO.	17. INFORMANT	ADDRESS
				Selena Grady-met	her same
	18. 24. 91 1		CAUSE C	OF DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY			ONSET AND DEATH
	LEADING TO DEA		(A) Acu	te puvelent mening	itis
	(This does not mean the mode heart failure, asthenio, etc. It me		DUE TO		
	injury or camplication which cau				
	ANTECEDENT CAU	SES	(B) Bro	nchopneumonia	**************************************
			(B) Bro	nchopneumonia	
	DISEASES OR CONDITIONS, rise to the above cause (if any, giving	(C)	nchopneumonia	
	DISEASES OR CONDITIONS,	if any, giving	DUE TO	nchopneumonia	
7	DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION tast.	if any, giving (A) slating the	DUE TO	nchopneumonia	
NOI	DISEASES OR CONDITIONS, nise to the above cause (UNDERLYING CONDITION tast.	if any, giving (A) stating the	DUE TO	nchopneumonia	
CATION	DISEASES OR CONDITIONS, tise to the above cause (UNDERLYING CONDITION tast.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IDEASE OR CONDITION CAUSIN	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE	(C)		
IIFICATION	DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. C	if any, giving (A) stating the s CONTRIBUTING RELATED TO THE	(C)		IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
CERTIFICATION	DISEASES OR CONDITIONS, iise In the abave cause (UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT INDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. CWAS	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No) 20B. IN C	
CERTIFI	DISEASES OR CONDITIONS, iise to the above cause (UNDERLYING CONDITION last, other significant condition to the Death but not it disease or condition causin 19A. Date of operation 198. WAS	if any, giving (A) slating the S CONTRIBUTING RELATED TO THE IG IT. PERFORMED 21B. PLACE home, form	OPERATION OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20 B. IN C	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? (tt in Boltimore City, give exact location)
CAL CERTIFI	DISEASES OR CONDITIONS, nise to the above cause (UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IS DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. (WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED	OPERATION OF INJURY (e.g.,	20 A. AUTOPSY? (Yes or No.) 20 B. IN C	
EDICAL CERTIFI	DISEASES OR CONDITIONS, iise to the above cause (UNDERLYING CONDITION last, III) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IIIDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.)	OPERATION OF INJURY (e.g., a foctory, street, o	20 A. AUTOPSY? (Yes or No.) 20 B. IN C YES in or obout 21 C. WHERE DID office bidg., INJURY OCCUR?	(11 in Boltimore City, give exact location)
CAL CERTIFI	DISEASES OR CONDITIONS, nise to the above cause (UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IS DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. (WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.)	OPERATION OF INJURY (e.g., i foctory, street, or occurred) Not Whi	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR?	(11 in Boltimore City, give exact location)
MEDICAL CERTIFI	DISEASES OR CONDITIONS, rise to the above cause (UNDERLYING CONDITION last.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT IDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. (WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (You of INJURY (APPROX.)	if any, giving (A) slating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.,) (Hour) 21E. INJUR While At Work	OPERATION OF INJURY (e.g., foctory, street, or	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC	(II in Boltimore City, give exact location)
MEDICAL CERTIFI	DISEASES OR CONDITIONS, iise to the above cause (UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT II DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 198. WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.)	if any, giving (A) slating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.) (Hour) 21E. INJUR While At Work	OPERATION OF INJURY (e.g., in foctory, street, or occurred) Not Whith At Work eosed from	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC	(Il in Boltimore City, give exact location) CCUR?
MEDICAL CERTIFI	DISEASES OR CONDITIONS, iise to the above cause (UNDERLYING CONDITION last, III) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT II DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (YOUR PROX.) 22. I certify that (I) (this hosp that (I) (we) lost sow the dece	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.) While At Work itol) ottended the dec osed olive on AT	OPERATION OF INJURY (e.g., in foctory, street, or occurred) Not Whith At Work decided from	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC APril 17, 19 66 19 66 ond that in (n	(Il in Boltimore City, give exact location) CCUR?
MEDICAL CERTIFI	DISEASES OR CONDITIONS, iise In the abave cause (UNDERLYING CONDITION Inst.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT INDISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION 19B. (WAS) 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) lost sow the deceand hour and from the causes	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.) While At Work itol) ottended the dec osed olive on AT	OPERATION OF INJURY (e.g., in foctory, street, or occurred) Not Whith At Work decided from	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC APril 17, 19 66 19 66 ond that in (n	(Il in Boltimore City, give exact location) CCUR? to April 18, 1966 ny) (our) opinion death occurred on the c
MEDICAL CERTIFI	DISEASES OR CONDITIONS, iise In the abave cause (UNDERLYING CONDITION Inst.) OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT I DISEASE OR CONDITION CAUSIN 19A. DATE OF OPERATION WAS 21A. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (YOUR OF INJURY (APPROX.) 22. I certify that (I) (this hosp that (I) (we) lost sow the deceand hour and from the causes 23A. SIGNATURE	if any, giving (A) stating the S CONTRIBUTING RELATED TO THE IG IT. CONDITION FOR WHICH PERFORMED 21B. PLACE home, form etc.) While At Work itol) ottended the dec osed olive on AT	OPERATION OF INJURY (e.g., i foctory, street, o Y OCCURRED Not Whit At Work eosed from Til 18, (did) (did not)	20A. AUTOPSY? (Yes or No) 20B. IN C YES in or about 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC APril 17, 19 66 19 66 ond that in (n	(Il in Boltimore City, give exact location) CCUR?

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced deoth was in regular attendonce on the deceased and the deceased and the deceased are a feet of the deceased and the deceased are a feet of the deceased a or his assistant if deoth occurred in a hospital and This certificate must be approved by the chief medical examiner deceased prior M.D. or CREMATORY ion Street-Baltimore, 24D. Locarion Gity lown, or co BURIAL CREMATION, 24C. NAME 61 (Stote) 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTO 25A. DATE REC'D BY APR 20 HEALTH DEPT. VS 150-REV, 1/1/65

TLAME OF STREET

Pary Dans

injequal Jashiver

51- Division Street

Daltloore, Maryland 21-17

1005 M. Mulberry Street

tale negro single

one None

unknown - Solena Grady

Selena Srady-mother cone

attimutess Jawlevuq efuck

1, 340

Maryland

Sreachugueumoria

3,55

April 17, 66 April 18, April 18, April 18, 66

1

171+ Sivision Street-sqliisore, Mc

APT-A

This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased death was in regular attendance on the Such prior to death. deceased prior to death); and (6) No physician was in regular attendance on the deceased pr written approval must be obtained before the remains are embalmed or final disposition is made. was D.O.A. at a hospital (except where the physician who pronounced

				BALTIMORE CITY	HEALTH DEPARTMENT	()()	0.4000
BIRTH	NO.	66	04029	CERTIFICA	TE OF DEATH	Registered Na.	04029
	CASE NO.		()	CLRTITICA			
	ME OF DECEASE	ED		_	2. DATE AN	NO HOUR OF DEATH	
туре	e or Print)	Lucil	lle Gaines	(Nicholas	Anri	1 17 1066	17.45 M.
3. PL	ACE OF DEATH		AORE, MARYLAND		4. USUAL RESIDENCE (Whe	ne deceased lived, If i	n stilution residence before admission)
					A. STATE B. COUN	117	100
FL	JLL NAME OF	(If not i	n hospital or institut	ion, give street	Maryland		8-11
H	OSPITAL OR	oddross	or location)			tside city limits, write	RURAL and give township)
IN	STITUTION	T)	IT				
50			vident Hos		D. STREET ADDRESS (IF	ruiol, give location)	
47		1514	+ Bivision	Street	D. SIKEEL ADDRESS (II	totol, give locotion/	
1		Balt	imore, Ma	rvland	202 Fremont	Avenue	
5. SE	x 6. R	ACE	7. MARI	RIED, NEVER MARRIED	8. DATE OF BIRTH	9, AGE (In yours	If Under 1 Yr., If Under 24 Hrs.
E,	2 31		WIDO	WED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
	emale N	egro	W	von Bed	Unknown	57	
			kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of worki	-	n it letired)		773		
	Domesti	С			Virginia		U.S.A.
13. F	ATHERS NAME				14. MOTHER'S MAIDEN NA	ME	
	Tim Coi				Someth Man		
	Jim Gai				Sarah Moore	9	
15. W	os Deceased Ever	rin U.S. ves. give v	Armed Forces? won or doles of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	no	,, g		217-09-0690	Taxon White	037 11 0	- 1 - 01
					1	OTI M. Da	ratoga St.
	B. 593	\vee 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE O	R COND	ITION DIRECTLY		6/1/		OH 3E AND DEATH
	LEA	DING TO	DEATH		Total and a		
	(This does not n	neon the	mode of dying,	e.g., DUE TO		^	000 000 00 0 mg mg 0 00 mg 0 00 mg 0 00 mg 0 m n mmpuninmpun 0 mmhag 0 phi phi mg m 000 0
			Il meons the dise	ase,	17 1	1 1	
	injuly or complice	olion which	ch coused death.)	7	ridney +	· Vien	
	ANT	ECEDENT	CAUSES	DUE TO	f-a	1.7600	
	DISEASES OR	CONDITIO	ONS, if any, gi				
			use (A) slating				
	UNDERLYING CO	ONDITION	V last.	***************************************		9 H	
 		- 11					
z	OTHER SIGNIFICA	NT CON	DITIONS CONTRIBU	TING			
2	TO THE DEAT	H BUT	NOT RELATED TO	THE			
CERTIFICATION	DISEASE OR CON				120.4	N OAR IN MAR INCOME	
F	9A. DATE OF OP	ERATION	WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CA	FINDINGS CONSIDERED
oc	2		11. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		Yes	Yes	
	ACCIDENT V	VAS UND	ERLYING -	218. PLACE OF INJURY (e.g., i	n or obout 21 C. WHERE DID	(II in Boltimos	re City, give exact lacation)
	DR CONTRIBUTING DEATH (notify med			home, lorm, foctory, street, o	Ifice bldg., INJURY OCCUR?		
O.	CALL (HOWLY ME	arcor exom	men				
		onth) (Do	y) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
2	OF INJURY			While At Not While			
	APPROL/			Work At Work		1920	
2	2. I certify that	t (1) (this	hospital) attend	ed the deceased from A	pril 13,	1966 to A	pril 17. 1966 .
	hat (I) (wa) las		deceased alive	on April 17,	19 66 and th		Inion death occurred on the date
	1101 (1) (We) 105	1 SUW INC	deceased dilve	011	and tr	iot in (my) (dur) op	inion death occurred on the date
	and hour and fro	m the ca	uses stated obov	e. (1) (We) (did) (did not) v	view the body ofter deoth.		
2	3A. SIGNATURE	1	(/)	0 1			23B, DATE SIGNED
		1/-	to bo a	M.D. Att	ending Med.	Stoff	4 12 20 2066
	(1	V	1 SEO CIT	Phy		Phys. 30	April 18, 1966
2	PHYSICIAN'S NAME (Type)			7	23D. ADDRESS		

Dr. Roger Theodore

0

M.D.

1514 Division Street

24D. LOCATION

(Stote)

25A. DATA REED AT HEALTH BED.

25C. FUNERAL DIRECTO

ADDRESS

(City, town,

VS 150-REV. 1/1/65

24A. BURIAL CREMATION, REMOVAL (Specify)

24C. NAME of

07398

* pagilo

ible Division street

Baltymore, Maryland.

emmaya inches 1 50%

gwog sig U

Virginia

Bol

things do

1514 Pivision Street

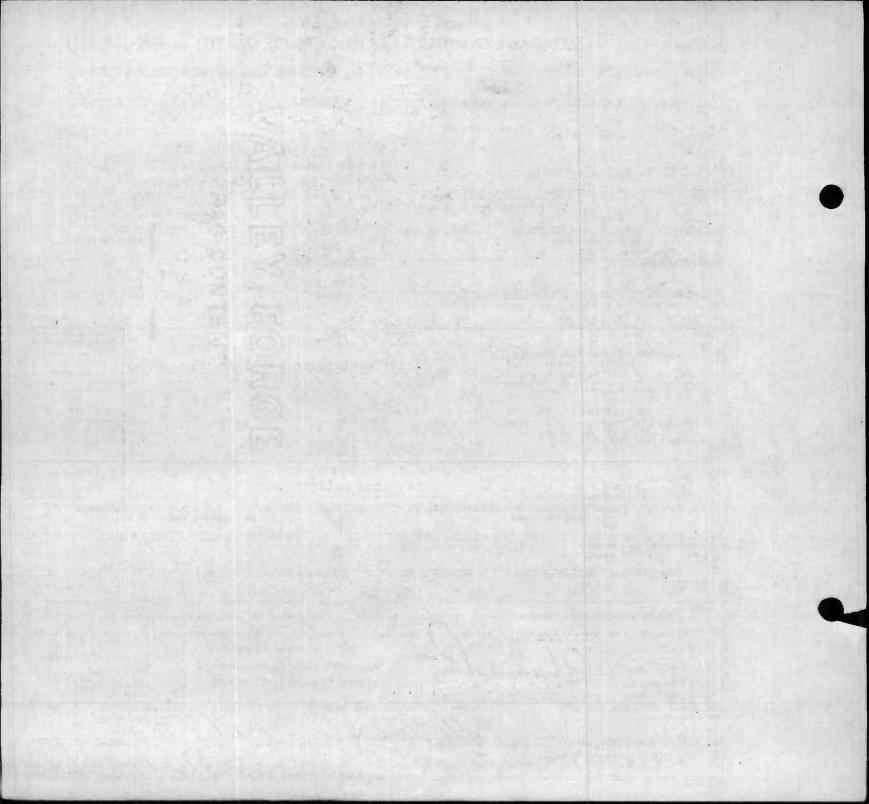
Dr. Moger Theedore

66	04030		BALTIMORE CITY HEAL	TH DEPARTMENT			
RTH NO.		DICAL EX	(AMINER'S CI	ERTIFICATE	OF DEATH Re	gistered No. 14.31	
A.E. CASE NO							
NAME OF	DECEASED			2. DA	ATE AND HOUR PRONC	UNCED DEAD	
Type or Print)	ROBERT		DAVIS		April 16, 1	966 10:30	A M
PLACE IN B	ALTIMORE MARYLAND,	WHERE PRONOL	JNCED DEAD			If institution: residence before	odmission
ULL NAME O	F (IF NOT IN HOSP ADDRESS OR LO	TAL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN		, write RURAL and give town:	ship)
NOITUTITES				Balti		17-63	
732	W. Mulberry	Street		D. STREET ADDRESS		Church	
. SEX	14 BACE	IT AAARDIED	NEVER AAARRIED	722	W. Mulberry		04.11
Male	6. RACE Negro		DIVORCED (specify)	Nav4 18	9. AGE (In lost birthdoy)	Months Doys Hour	
A. USUAL O	CUPATION (Give kind of w		BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	-
Las	pt working life, even it retired POMENA			Kenshav	y S.C.	WHAT COUNTRY	7
FATHER'S N	AME	11:0		14. MOTHER'S MAIDEN	NAME 4		
WAS DECE	ASED EVER IN O.S. ARM	FD FORCES?	16, SO CIAL	17. INFORMANT	0 011111	ADDRESS	
es, no or unkno	wn) (If yes, give war or d		SECURITY NO.	p 4/	Duto	MAD WIM 11	/
V09	WWX		244-09-3463	DEN/MOR	138EN 113	132 WILLIA	6111
DISEASE RISE TO UNDERL	ure, osthenio, etc. It mec complication which couse ANTECENDENT CAU S OR CONDITIONS, IF THE ABOVE CAUSE (A) YING CONDITION LAS	SES ANY, GIVING STATING THE	(B)				
5			()				
JI TO THE	II SIGNIFICANT CONDITION E DEATH BUT NOT OR CONDITION CAUSI	RELATED TO T		tes Mellitus	•		*******
-	OF OPERATION 198, CO		WHICH OPERATION	20A. AUTOPSY? (Yes		ERE FINDINGS CONSIDERED CAUSES OF DEATH?	
UNDERLYIN	NAL CAUSE WAS GOR CONTRIB- AUSE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. WHERE	DID (If in Boltimore C	ity, give exact location)	
OF INJURY (APPROX.)	(Month) (Day) (Y		WHILE AT NOT AT W	WHILE	ND INJURY OCCUR?		
22.	ertify that I held on	Inquiry 🗌	Inspection X Aut	opsy ond that	t on this bosis, deot	h in my opinion	
re	sulted from: Notural	couses X	Accident Suicide	Homicide	Undetermined	monner _	
4.671		/	1/-		AL EXAMINER	DATE SI	GNED
SIGN	ATURE (ale s	I'dly M.D.	ASSISTANT MEDIC		4/17/	
EXAM			-/1	ASSOCIATE MEDIC		/1/1//	nh

Burial Gallo 1966 Ballo 1.

24A. DATE REC'D BY HEALTH DEPT. 124B, NAME OF REGISTRAR

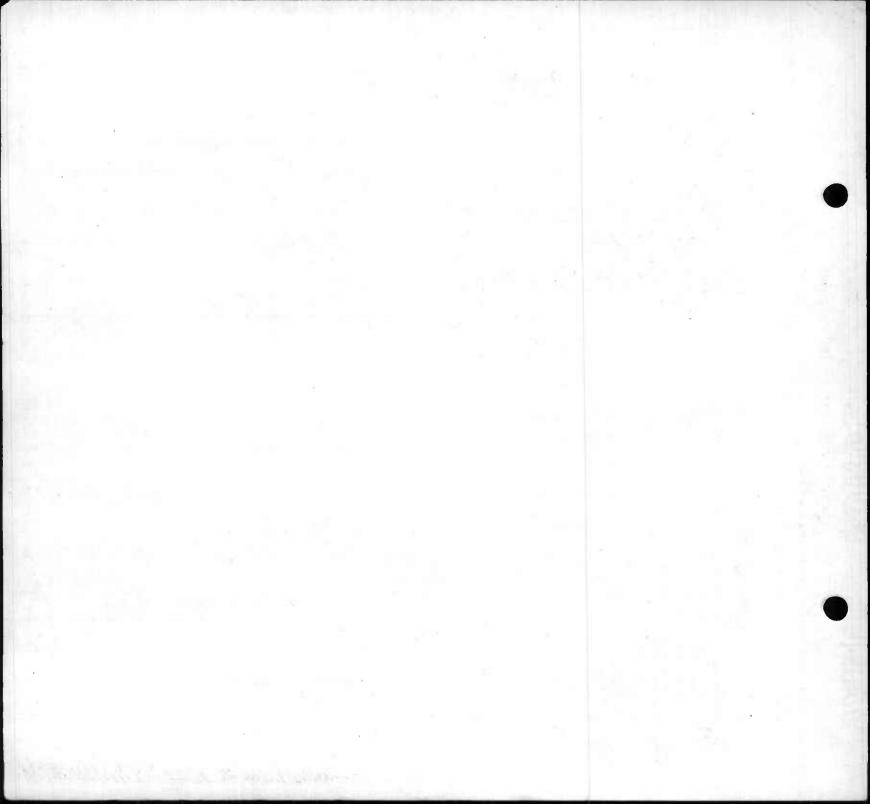
APR 20 1966 R. C. & E. Fallenna VS 151-REV. 1/1/65



IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased or his assistant if death occurred in a hospital and This certificate must be approved by the chief medical examiner

BALTIMORE CIT	Y HEALTH DEPARTMENT	. 17.1
	ATE OF DEATH Registered No.	14431
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	11 925
(Type or Print) CTRANT, VIOLA	3 pm April	16 1966 FM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE/(Where deceased lived. If ins	titution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street	Maryland	18-11
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN July outside city limits, write &	URAL ond give fownship)
	D, STREET ADDRESS (If rurol, give togotion)	
pranklin Square Hospital	15 N. Amity St	
5. SEX 6. RACE // 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (IN years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
female colored widowed, Divorced (specify)	Jan. 10, 1912 lost birthday	Months Doys Hours Min.
10 USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF
dane during most of working life, even if retired)	Evening Fared SA	WHAT COUNTRY?
13. FATHER'S NAME,	14. MOTHERS MAIDEN NAME	
William BOWEN	3	
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17- INFORMANT	ADDRESS
(Yes, no or unknown) (If yes, give wor or doles of service) SECURITY NO.	Sadie Walters	1000 H. P. St
	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		ONSET AND DEATH
LEADING TO DEATH	past. myocardial info	rotion
(This does not mean the made of dying, e.g., DUE TO heart lailure, asthenia, etc. It means the disease,		
injury or camplication which coused deoth.)		4.5
ANTECEDENT CAUSES (B) DUE TO		••••••••••••••••••••••••••••••••••••••
DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stating the (C)		
UNDERLYING CONDITION lost,		
Z CYLLER SIGNIFICANT CONFINING CONTRIBUTION		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUSE OF	in or obout 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examiner)		
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not Wh		
22. I certify that (1) (this hospital) attended the deceased from	April 16 1966 10 MT	ml /6 1986.
that (1) (we) lost saw the deceased alive on Afril	6 19 66 ond that in (my) (our) opin	ion death occurred on the date
and hour and from the couses stated above. (1) (We) (did) (did nat)		
23A. SIGNATURE		23B. DATE SIGNED
Jong - He Bek M.D. A.	ttending Med. Stolf Phys.	April 16 1946
23C. PHYSICIAM'S NAME (Type)	23D. ADDRESS	~ 0
TONG-HI BEK M.S	Franklin Square W	ospital.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETRY OFC	REMATORY 24D. LOCATION	y, town, or county) (Stote)
Burial 10,181.1966 71/2/11/11	rn Clm. Ballo. 41	6
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRES
APR 20 1966 Report & Farburns	Williams Turled frame	319 11 SCHOLDE ST.
VS 150-REV. 1/1/65		



approved by the chief medical examiner or his assistant if death occurred in a hospital an	to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	rf any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	Il (except where the physician who pronounced death was in regular attendance on th	n); and (6) No physician was in regular attendance on the deceased prior to death. Suc	
la!	9	929	E O	4	
spi	0	٥	90	Bat	
ho	USe	; (5	dan	P	
0	00	use	en	40	
.= TO	Bu	DO	att	rior	6
rre	50¢	peu	10	٥	de
000	tri	F	ng	sed	E
Ö	100	ter	7	De	ı is
aat	OF	nde		de	tio
P	Ct	5	Vas	he	105
	F	4	7	4	lisp
tan	9	nd;	106	0	alc
SSiS	÷	ki	P	nce	fin
S	-	an)	ced	nda	0
F.	150	of	nno	He	peu
0	•	ure	ono	0	alm
ine	ner	مح	p	0 0	d m
E	E	A fr	ho	60	0
ex	exc	3)	3	_	9
cal	0	5; (ciar	isi	ins
ed	dic	urn	ysi	*	E S
E J	E	yb	ph	ian	9
hie	0	3od	he	sic	+ th
10	by	7	10	phy	Fore
y +	ta	9; (he	S.	bel
Q P	Sp	tur	3 +	9	pe
ove.	he	na	cep	P	be obtained before the remains are embalmed or final disposition is made
pro	the	Yur	(ex	OT	obl
0	10	of c	=	3	pe

accident

An

he body

hospital

0

p

o

Mas

10

approval

VS 150-REV. 1/1/65

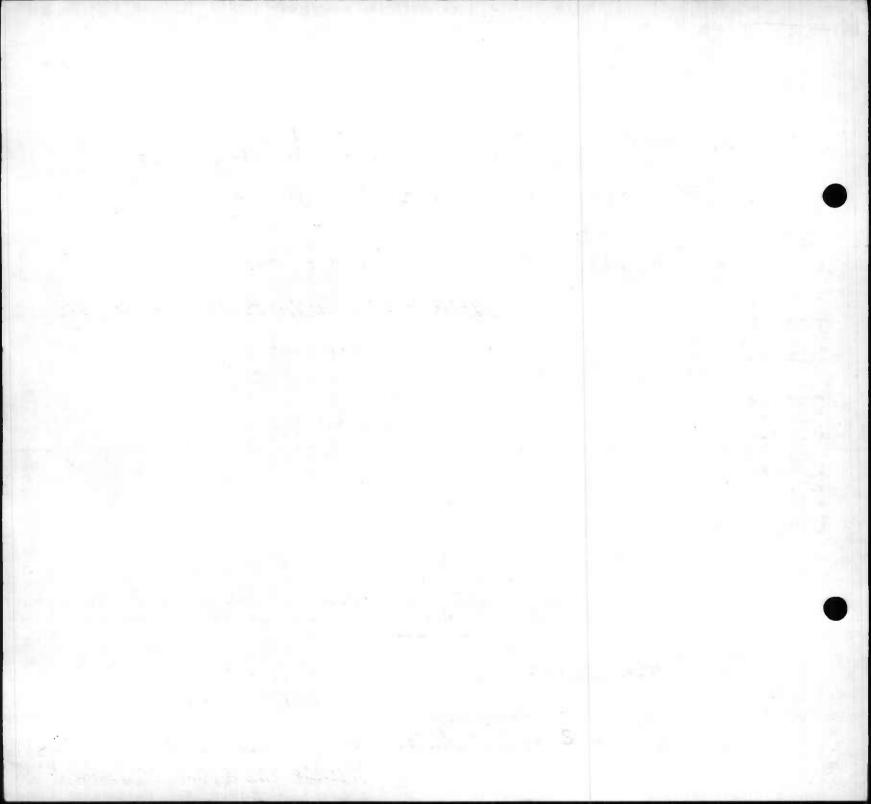
BALTIMORE CITY HEALTH DEPARTMENT 66 114032 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) PITTS, Herbert Lee 18, 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission) B. COUNTY Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL give township INSTITUTION Baltimore U.S. Public Health Service Hospital D. STREET ADDRESS (If rurol, give location) Chaunc ey Avenue S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. If Under 1 Yr. Hours Months Doys WIDOWED, DIVORCED (specify) Male Negro Married MALE Negro Married December 20, 1914 51

16A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF done during most of working life, even it retired)
American Seaman WHAT COUNTRY? Virginia U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Robert Pitts Emma Facean 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Yes U.S. Army 1942 USPHS Hospital, Baltimore Manyland 735/ Records ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Carcinoma of Stomach with with hepatic metastases (This does not mean the made of dying, e.g., hearl failure, osthenio, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO OISEASES OR CONDITIONS, if any, giving la the abave cause (A) stoting the UNCERLYING CONCITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (K (this hospital) attended the deceased from November 28 ... 19 .. 65 ... 10 .. April 18 that N) (we) lost sow the deceased alive on April 18 and hour and from the couses stated above. (*) (We) (did) (*) (*) (*) iew the body after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. 4-19-66 Phys. Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) U.S.P.H.S. Hospital, Baltimore, Maryland Alvin Stein, Surgeon 24A. BURIAL CREMATION, 248. DATE 24C. NAME OF CEMETERY OF CREMATORY REMOVAL Specify 2SC. FUNERAL DIRECTO

enter of the stage of the stage

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death-shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

	66 040	1.5.5	HEALTH DEPARTMENT	Registered No.	6 04033		
A	A.E. CASE NO.	CERTIFICA	TE OF DEATH				
	Type or Print France RIALD			PR 1966	5 Am		
3	PLACE OF DEATH IN BALTIMORE, MARYLAND			re deceased lived. If i	nstitution: residence before admission)		
ñ	FULL NAME OF (If not in hospital or institut	FULL NAME OF (If not in hospital or institution, give street			8-1		
	HOSPITAL OR oddress or location)	C. CITY OR TOWN (11 out	side city limits, write	RURAL ond give fownship)			
-							
	T301 To and	, —	D. STREET ADDRESS	rurol, give location)	84		
5	SEX 6. RACE 17. MARI	RIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years			
		WED, DIVORCED (specify)	5/20/19/9	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	DA. USUAL OCCUPATION (Give kind of work 108, KIN	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF		
C	lone during most of working lite, even if retired)		SOUTH CAROL	ina	WHAT COUNTRY?		
ī	3. FATHERS NAME		14. MOTHER'S MAIDEN NAM	M.E.			
	Poul BLAIR		Amnie Som	nmers			
1	5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
		987-76-4432	DONOThy Wasa	\$ 103 8.1	Pathenin/sSX		
	18. 3 40.3	CAUSE O	F DEATH	0,70	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	R	in and about	^	ONSET AND DEATH		
	(This does not mean the made of dying,	e.g., DUE TO	ransprummen	€			
		heart failure, asthenia, etc. It means the disease,					
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if any, gi	ving	india chia	. 0			
	rise to the above cause (A) stating the UNDERLYING CONDITION tost						
	41						
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
1	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES. WERE	FINDINGS CONSIDERED		
1	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED			IN CERTIFYING CA	AUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimo	re City, give exact location)		
	21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
	(APPROX.)	e					
	22. I certify that (I) (this haspital) attended the deceased from 1122 1966 to 4 18 1966,						
	that (I) (we) last saw the deceased alive	111.7	11		inian death occurred on the dote		
	ond hour and from the couses stated above	e. (1) (We) (dld) (dld nor) v					
	23A. SIGNATURE			. /	23 B. DATE SIGNED		
	MBA OLDSTONE	Phy		Stoff Phy s.	18 APR 1916		
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS	11 1-0			
		M.D.		Huspival			
2	AA. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF CRE	MATORY 24D.	CANON ON	ity, town, or county) (State)		
1	Durisy 4/04/1966,	11/2 Call som	celle Xoa	118 //14	7		
12		TELECUANA	25C. FUNERAR DIRECTOR	and Il	310 M Call per All 10		
	S 150-REV. 1/1/65	CONSCITATION	Julian All	rene / remove	- 017 11-DOINOCOUN ST		



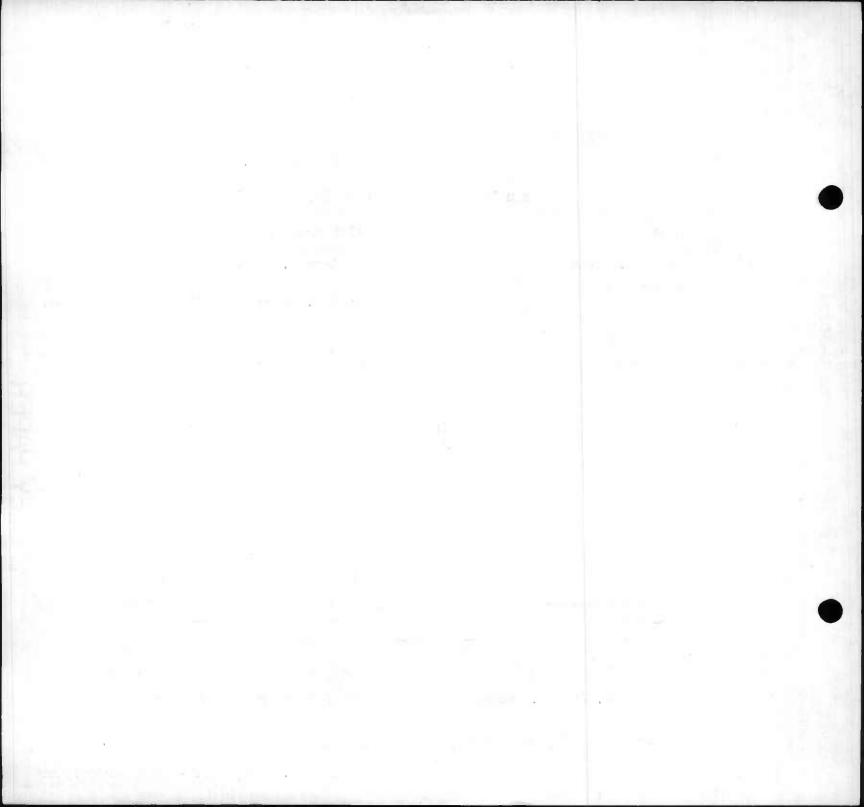
	1.35	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
FUNERAL DIRECTOR: IMPORTANT	or his assistant if Also, if the directed of any kind; (4)	nounced death wattendance on the
DIRECTOR:	ical examiner tal examiner. ns; (3) A fractur	ician who pror as in regular ains are embal
FUNERAL	ved by the chief med hospital by a medic nature; (2) Body burr	ept where the physid (6) No physician wained before the rem
	This certificate must be approthe body was released to the shows: (1) An accident of any	was D.O.A. at a hospital (except where the physician who pronounced death was in regular att deceased prior deceased prior to death); and (6) No physician was in regular attendance on the deceased prior written approval must be obtained before the remains are embalmed or final disposition is made.

		BALTIMORE CITY	HEALTH DEPARTMENT					
Ti .	TH NO. 66 (14U34	CERTIFICA	TE OF DEATH Registered No	66 04034				
1,1	NAME OF DECEASED PO OF PRINTING		2. DATE AND HOUR OF DEATH	4:00 A				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If ins	titution: residence before admission)				
	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location)	ion, give street	MARYLAND C. CITY OR TOWN (If outside city limits, write R) BALTIMORE	URAL and give lownship)				
2	THE JOHNS HOPKI	NS HOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 1802 EUTAW PLACE					
11	wipo	NED, NEVER MARRIED DWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost bighday) 87	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
do	A. USUAL OCCUPATION (Green in retired)	O OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13.	House wife FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
	WILLIAM W. REILLEY		CARRIE GUY					
15. (Yo	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of servi		AEva Dodson Route " Box	ADDRESS X 183 B				
	18. 433.01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH				
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Con	MPLETE HOART BLUCK	154RS				
	(This does not meen the mode of dying, heart loiture, asthenio, etc. It means the dise injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	ose, (B) A	SCVD					
	rise to the obove couse (A) sloting the (C) UNDERLYING CONDITION lost,							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	ITING THE						
CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?				
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or oboul 21 C. WHERE DID (If in Boltimore lifice bldg., INJURY OCCUR?	City, give exact location)				
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED							
	22. I certify that (V (this hospital) attended the deceased from 3/23 1966 to 4/17 1966, that (IV (we) lost sow the deceased alive on 4/17/66 19 and that in (my (our) pinion death occurred on the date							
	ond hour ond from the couses stoted obove. (I) (We) (did) did not) view the body ofter deoth. 23A. SIGNATURE 23B. DATE, SIGNED,							
	Mencen	M.D. Atte	ending Med. Stoff Stoff Phys.	4/17/66				
	23C. PHYSICIANS NAME Type! 23D. ADDRESS							
24	A. BURIAL CREMATION, [24B. DATE , [24C. NAME of CEMETERY of CREMATORY [24D. LOCATION (City, town, or county) (Stote)							
	Bure 4/21/1966	Cedar Hi	Il Suitland	Lind				
25	APR & 0 1966 R. C. S. NAJ	ME GE REGISTRAR	250 FUNERAL DIRECTOR	131-11-Stal & Weight				
VS	VS 150-REV. 1/1/65							

2001 Y 1 8 1 1 Yt GUZA 2111 D & Spencer Jurans HARPKINS

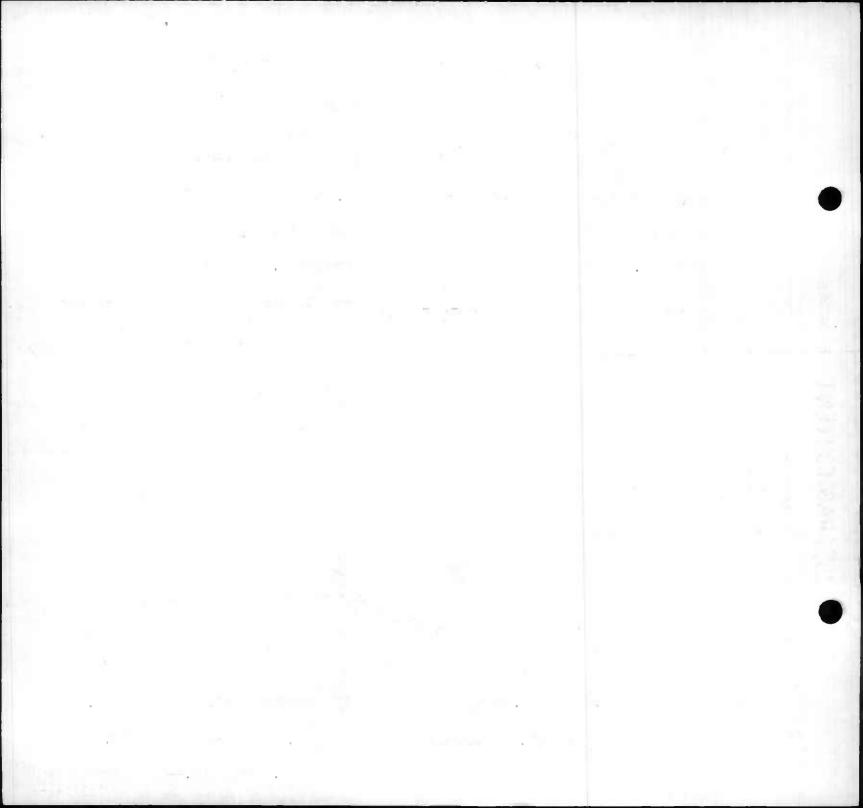
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
--

	66	04035		Y HEALTH DEPARTMENT	66 04035	
BIRTH NO.	•		CERTIFICA	ATE OF DEATH Registered No.	0,	
	OF DECEASED	CIS WILLIA	M LEONO	2. Date and Hour of Deat April 20, 1966	1 2 45 A	
FULL N	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street)		4. USUAL RESIDENCE (Whore deceased lived, If A. STATE B. COUNTY Maryland none	institution; residence before admission		
	TAL OR oddress or lo		1	c. CITY OR TOWN (If outside city limits, with Baltimore #6	o RURAL ond give township)	
0	<i>J.</i>	and y are considered		D. STREET ADDRESS (If rurol, give locotion) 3612 Mary Ave.		
s. sex	6. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH March 26, 1949 9. AGE (In yeors lost birthdoy) 17	If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
done during	AL OCCUPATION (Give kind of ground of working life, even if rel		BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?	
	ers name Frank C. Leono			14. MOTHER'S MAIDEN NAME Clara M. Washington		
	Deceased Ever in U. S. Arme unknown) (If yes, give war o		SECURITY NO.	17. INFORMANT Frank C. Leono 3612	Mary Ave., Balto.	
1B.	7/2/3/5/1			OF DEATH	INTERVAL BETWEEN	
hearl	DISEASE OR CONDITION LEADING TO DE does not mean the mad if failure, a sthenia, etc. It m y ar camplication which co ANTECEDENT CA ASES OR CONDITIONS,	ATH le of dying, e.g., neans the disease, sused deoth.) USES	(B)	NGENITAL HYDROCEPI		
NO OTHI	In the above couse DERLYING CONDITION los III ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAUS	NS CONTRIBUTING	7	ZONIC PYELDINEPHRIT	7.2	
	19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION				RE FINDINGS CONSIDERED CAUSES OF DEATH?	
U 21A.	ACCIDENT WAS UNDERLYI CONTRIBUTING CAUSE OF		e, form, foctory, street,	in or obout 21C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exact location)	
D 21 D. 1	NJURY		INJURY OCCURRED		. /	
	22. I certify that (I) (this haspital) attended the deceased from 3/26 1949 to 4/20 1966 that (I) (m) last say the deceased alive an 4/19 1966 and that in (my) (my) apinion death occurred on the date					
23A. S	SIGNATURE	s stoted obove. (I	/	ttending Med. Stoff Phys. 23 D. ADDRESS	238. DATE SIGNED 4/20/1966	
	DI. 001	hn W. Mache	701.2		more, Maryland	
REM	hoval (Specify) burial	23/66 Gar	rden of Faith	0 1	rone, Md. (Stole)	
25A. DAT	TE REC'D BY HEALTH DEPT.	25B. NAME C	OF REGISTRAR	Leonard J. Ruck, Inc	ADDRESS	



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	HA.	5-1517 BALTIMORE CITY	HEALTH DEPARTMENT	66 04036			
	TH NO. E. CASE NO. CG 134	CERTIFICA	TE OF DEATH Registered No.				
1,1	NAME OF DECEASED	T DITIMMED	2. DATE AND HOUR OF DEATH April 20, 1966	12000			
3.	PLACE OF DEATH IN BALTIMORE, MARYL	RAINARING J. PLUPTER		titutions residence before admission)			
A. STATE B. COUNTY							
	FULL NAME OF (If not in hospital or i MOSPITAL OR oddress or location)	nstitution, give street	Maryland C. CITY OR TOWN (It outside city limits, write R	URAL ond give township)			
	reside	nce	Baltimore				
10	3106 Nor the	rn Parkway	D. STREET ADDRESS (If rurol, give locotion) 3106 Northern Parkway				
		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Nov. 7, 1896 9. AGE (In years lost birthdoy) 69	It Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
	A. USUAL OCCUPATION (Give kind of work 10) ne during most of working life, even it retired) housewife	B. KIND OF BUSINESS OR INDUSTRY	Berryville, Va.	12. CITIZEN OF WHAT COUNTRY?			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME	1			
	Alford R. Showman		Margaret L. Castleman				
15. (Ye	Was Deceased Ever in U. S. Armed Forces (s., no ar unknown) (If yes, give wor or dates o	? 16. SOCIAL SECURITY NO. 212-10-3577.	B Hiram Plummer 3106 Nort	thern Parkway, Balto			
-	18. 2 4 0 Y I	CAUSE. 9	F DEATH	INTERVAL BETWEEN			
	DISEASE OR CONDITION DIREC	TLY ///	HARAROS THOLE S	4/19/6/			
	LEADING TO DEATH (This does not mean the mode of dy	ing, e.g., DUE TO	The first the first to	1 2/1/00			
	heort foilure, osthenio, etc. It means the disease, injury or complication which coused death.)						
	ANTECEDENT CAUSES (B)						
	DISEASES OR CONDITIONS, if ony, giving						
	rise to the obove couse (A) structure of the condition lost.	oting the (C)	favi / co filler far				
	11						
ATION	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATED		The state of the s				
			[60 A				
ERTIFIC	19A. DATE OF OPERATION 19B. CONDIT	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE F	INDINGS CONSIDERED ISES OF DEATH?			
AL C	OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	21B. PLACE OF INJURY (e.g., i home, torm, foctory, street, o	n or obout 21C. WHERE DID (It in Baltimore line bldg., INJURY OCCUR?	City, give exact lacotion)			
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?				
ME	(APPROX)	White At Not While Work At Work					
	22. I certify that (I) (this hospital) a		40145	10/66 10			
22. I certify that (I) (this hospital) attended the deceased from 19 ta 7/2 (attended the deceased from 19 and that in(my) (aux) apinion death accurred and have and from the causes stated abaye. (I) (We) (diel (die not) view the bady after death.							
	Molline	CETHEN M.D. Att	ending Med. Stott Phys.	4/20/66			
	723C. PHYSICIAN'S NAME (Type)	11	23D. ADDRESS				
	Dr. Walter	E. Karfjin M.D.	4331 Harford Road, Balti	more, Md.			
24	A. BURIAL CREMATION, 248. DATE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	1 0 1	y, town, or county) (Stote)			
	Buri al 4/22/66	6. Baltimore Nat		re IIId.			
25		B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS			
		f E. Stilley MA	Leonard J. Ruch, Inc5				
VS	150-REV. 1/1/65			Baltimore			



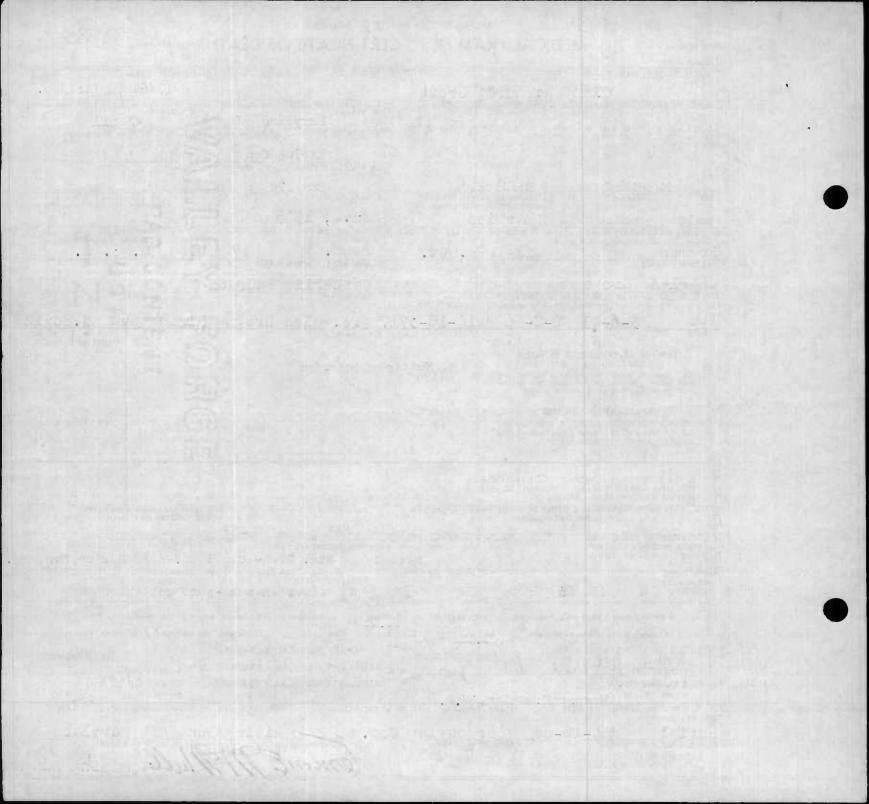
				BALTIMORE CITY	HEALTH DEPARTMENT	1 00	. 2000
	H NO.	66 (14037	CERTIFICA	TE OF DEATH	Registered No.66	04057
	AME OF DECE		-			D HOUR OF DEATH	
(Тур	e or Print)	GELDMA		CARROLL H)	SR. 4-	16-66	4:35A M.
3. P	LACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (When	e deceased lived. If institu TY	tion: residence before admission)
F	ULL NAME OF	(If not in hospital oddress or location	or institution,	give street	C, CITY OR TOWN (If our	BALT I MORE	
1				=	BALTIMORE	ZONE	27 03 00
40)	ST. AGNES	HOSPI	TAL	4418 MAPLE		
5. S	MALE	WHITE	7. MARRIED,	RIED (specify)	B. DATE OF BIRT 12=95 11 - K¥-95	9. AGE (In years If Mo	Under 1 Yr. If Under 24 Hrs.
		orking life, even if retired)		etered	MARYLAND	gn country) 12	U.S.Z.
13. 1	FATHER'S NAM	FRED	GELDM	ACHER	GERTRUDE	ME	
15. \ (Yes	Nas Deceased , no ar unknown) NO	Ever in U. S. Armed For (If yes, give war ar date	ces? s of service)	16. SOCIAL SECURITY NO. 213-03-8815	17. INFORMANTS. FLO	RENCE GELDMACH	HER, APRES MAPLE AV
	18. 11 J	01/1		CAUSE O	F DEATH		INTERVAL BETWEEN
		OR CONDITION DI	RECTLY			-1	ONSET AND DEATH
		LEADING TO DEATH	1.1	(A)/	Myocardial Inf	aution	Shows
		ot mean the made of osthenio, etc. II meons		DUE TO			
	injury or comp	olication which coused	deoth.)	(armary T.	colemia	1 Jan a
	А	NTECEDENT CAUSES		(B)	01000	. Junean	
	rise to the	R CONDITIONS, if obave couse (A) CONDITION lost.		(c)	Agorandial Suf oronary I. Interesclerati	ic Cardo Vareular	Discore
ATION	TO THE DE	II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING	TED TO TH	G E			
		OPERATION 198. CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSES	DINGS CONSIDERED S OF DEATH?
AL C	21 A. ACCIDEN OR CONTRIBU DEATH (notify	T WAS UNDERLYING TING CAUSE OF	21B hon etc.	ne, form, foctory, street, of	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore Cit	ly, give exact location)
LLI	21D. TIME OF INJURY	(Month) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
٤	(APPROX.)		Wh	ile At Not While	e		
	22. Leartify	that (I) (this bosnita		he deceased fram		10 to ADDI	L16
							death occurred on the date
		(1.	1	- 10.		or many, aor, apimos	doon occomed on the date
	23A. SIGNATUI	VIII. 1	red above. (i) (we) (did) (did nat) v	riew the body after death.	231	B, DATE SIGNED
		" Allie	2	M.D. After	ending Med. Simplified Director	Stoff Phys.	
	PHYSICIAL NAME (Ty EW			M.D.	ST. AGNES HO	SPITAL CATO	N & WILKENSAVE.
24A	BURTAL CREA	AATION, 24B. DATE	24C. N	AME of CEMETERY or CRI	EMATORY 24D. L	OCATION (City, 1	own, or county) (State)
25A	BURI			UDON PARK CEM	ETERY BALT		MARYLAND ADDRESS #29
VS	APR \$	0 1966 @ @	58	Gr. Bupt	HUBBARD FUNERA	L HOME, 4107	WILKENS AVENUE

E INCO ENTRE CONTROL C P. D. - 17-17 To a northern D. STHEY SAME

THE PROPERTY OF THE STATE OF THE STATE

G- 6.10

VS 151-REV. 1/1/65



of death Deceased death. ance rect or contributing cause (4) Undetermined cause; (5) attend 0 prior occurred regular deceased disposition = 90 the 3 IMPORTANT death O final attendance any pronounced OF med embal regular ho are 4 3 = the physician remains medical Was physician the (2) Body 0 (except where the body was released to the hospital shows: (1) An accident of any nature; (3 °Z by obtained 9 approved pup death) hospital must

0

prior to

0

was D.O.A. deceased p

approval

mao

DIRECTOR

NERA

U₀

66 04039 BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED (Type or Print) Guy

3. PLACE OF DEATH IN BALTIMORE, MARYLAND Mehlhorn April 19, 1966 | 2 4. USUAL RESIDENCE (Where deceosed lived, If institution; residence B. CDUNTY Maryland (If not in hospital or institution, give street FULL NAME DF HDSPITAL DR oddress or location) C. CITY OR TOWN (If outside city limits, write INSTITUTION Baltimore
D. STREET ADDRESS Lutheran Hospital (If rural, give location) 202 S. Conkling St. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. Months: Doys lost birthdoyl Hours WIDOWED, DIVORCED (specify) W M Never Married IDA. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Baltimore, Md. U.S.A. Dry Cleaning Plant Manager 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Guy P. Melhorn Nettie Hunt 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 220-14-3154 Mrs. Ethel Fifer, 202 S. Conkling St. Yes WWII INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which caused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE DR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDIC (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPRDX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (I) (we) lost sow the deceased alive on... and hour and from the causes stated above. (1) (We) (dld) (did nat) view the body ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. Director 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) H. Goodman 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) 1966 Mountain View

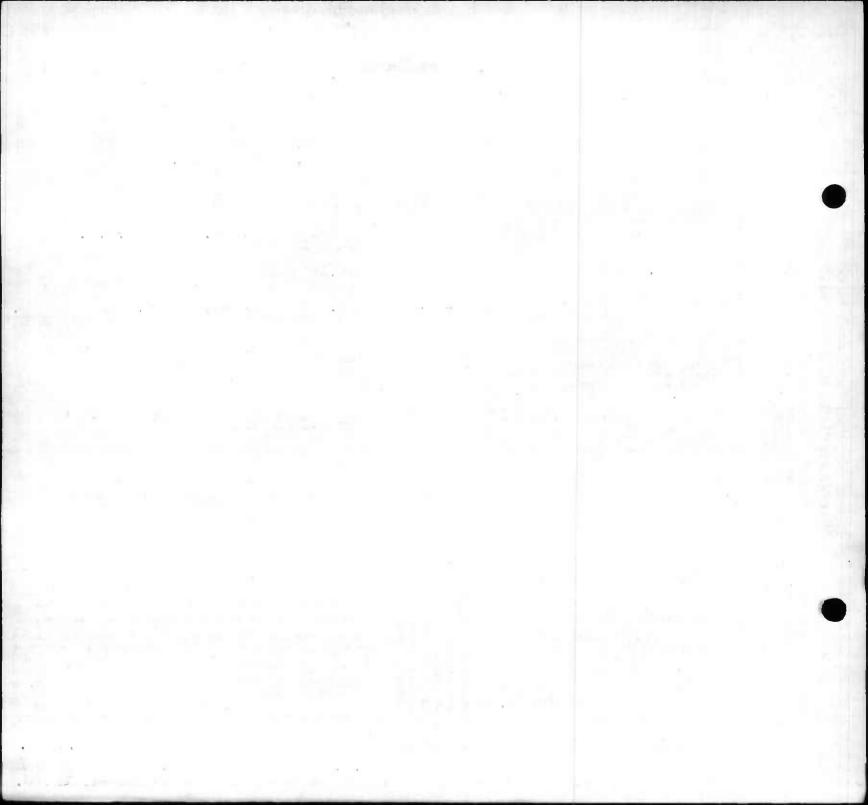
V\$ 150-REV. 1/1/65

Hazelton

Luzerne Co. .

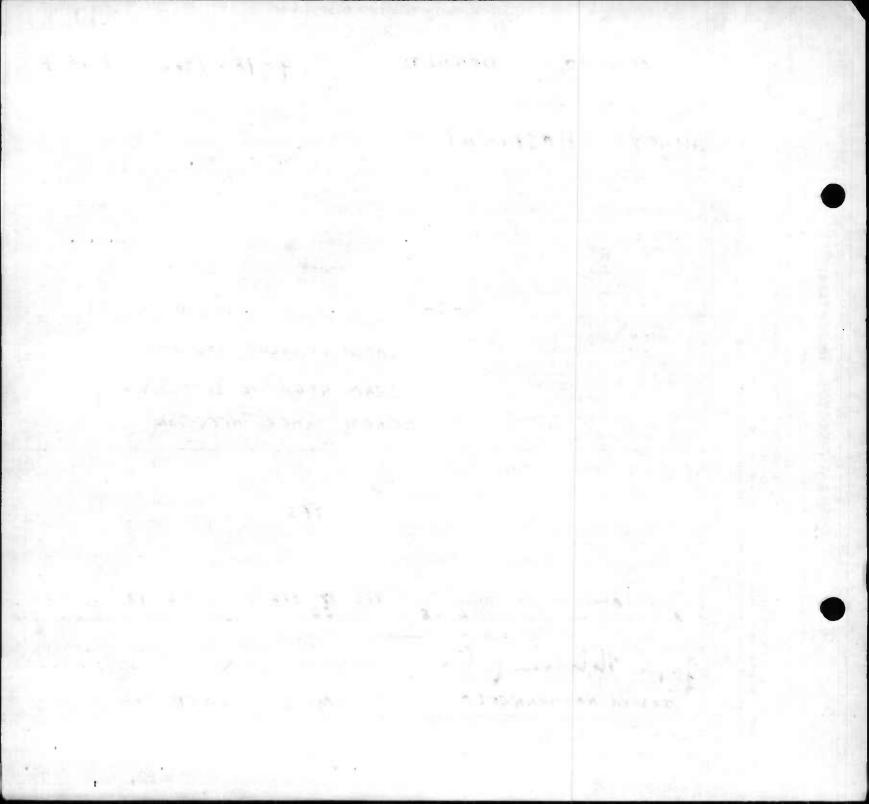
H.W. Jenkins & Sons Co. 4905 York

Baltimore, 12 Md.



BIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. Sucl I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DONALD PAGANO uo hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance cause cause; (5) Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN attend 10 Baltimore HOSPITAL prior contributing D. STREET ADDRESS (If rural, give location) occurred 6807 Bellona Ave. (4) Undetermined regular is mad 5. SEX 6, RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdovi M Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) disposition death done during most of working life, even if retired) = Beverages Salesman Italy MOS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the Donato Pagano death uo 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 16. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance Mrs.Margie L. Pagano No any pronounced 10 A So, DISEASE OR CONDITION DIRECTLY 90 embalmed LEADING TO DEATH CARDIOUASCULAR fracture (This does not meon the mode of dying, e.g., the chief medical examiner heart foilure, osthenia, etc. It means the disease, regular (B) GRAM NEGATIVE SEPTICEMIA injury or complication which caused death.) ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if any, giving 3 (3) rise to the obove couse (A) stating the physician UNDERLYING CONDITION lost before the remains burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED to the hospital by (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ere 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? °Z DEATH (notify medical examiner) any nature; 3 be obtained MEDI 21 D. TIME 21E INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? (9) approved OF INJURY (except Not While While At (APPROX) and Work Al Work FEB - 27. 1966 22. I certify that (this haspital) attended the deceased from that (f) (we) last saw the deceased alive an... An accident of hospital death) and haur and fram the causes stated abave. (4) (We) (did) (did not) view the bady after death. the body was released must 23A. SIGNATURE Staff Attending Med. M.D. 0 Phys. deceased prior to written approval Director 0 23 CPHYSICIAN'S 23D. ADDRESS at NAME (Type KOTARANGELO TOSEPH D.O. A. shows: (1) 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial New Cathedral Baltimore M ds 258. NAME OF REGISTRAL 25C. FUNERAL DIRECTOR H.W.Jenkins & Sons VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission)
A. STATE
B. COUNTY Baltimore (If outside city limits, write RURAL and give township) If Under 24 Hrs. Months Doys Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A Concetta DeBernadetta ADDRESS Same 1 INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) ond that in (any) (aur) apinion death accurred an the date 238. DATE SIGNED 4-18-1966 Co.



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

П	1 5 0 0 BALTIMORE	CITY HEALTH DEPARTMENT	00					
1		CATE OF DEATH Registered N	66 1141141					
1.1	E CASE NO.	2. DATE AND HOUR OF DEA	тн					
	pe or Print) WILMAM WILANE	4-18-1966	4.40 P _M .					
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. I A. STATE B. COUNTY	I institution: residence before admission)					
	FULL NAME OF (If not in hospital or institution, give street	Md BALTO						
	HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, wri	te RURAL and give township)					
V	RALTO CITY HOSP	43A-k+0	53-00					
1		D. STREET ADDRESS (If rurol, give location)	21219					
	940 Eastern Avenue, Baltimore, Maryland	8107 200						
5, 1	Male Negro WIDOWED, DIVORCED (specify	9-61-69 41 41	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.					
	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
	haborer	Pld.	USA					
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	JOSEPH	LAURA BRY	ANT					
15.	Was Deceased Ever in U. S. Armed Forces? 1.6 SOCIAL	17. INFORMAND . BCH_/Q/O Easte	m Aventepre 21224					
(Te	SECURITY NO. Tes WWIII SECURITY NO.	10000	d.					
		SE OF DEATH	INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	CARDIAC ARRE	S (ONSET AND DEATH					
	LEADING TO DEATH (A) KESPETRATER							
	(This does not mean the mode of dying, e.g., DUE TO heart failure, astheria, etc. It means the disease,							
	injuly of complication which caused death,) ANOXIA							
	ANTECEDENT CAUSES (B) DUE TO							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the (C)	NEUMONIA - Pool Pine	umococcAL					
	UNDERLYING CONDITION last.							
_	II							
ATION	TO THE DEATH BUT NOT RELATED TO THE	Alcoholism						
CAT	DISEASE OR CONDITION CAUSING IT.							
CERTIFIC	19A-DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?					
CE	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY	Yes. e.g., in or obout 21 C. WHERE DID (If in Boltin	nore City, give exoct locotion)					
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street	et, office bldg., INJURY OCCUR?						
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?						
ME	OF INJURY While At Not	While						
	(APPROX)	Work						
	22. I certify that (1) (this hospital) attended the deceased fram	4-17 196610	4-18 1966.					
	that M(we) lost saw the deceased alive on 7 - 18	19 and that in (my) (aur)	oplnian death accurred an the date					
	and hour and from the causes stated above. (M(We) (did) (did m	ot) view the body after death.						
	23A. SIGNATURE		23B. DATE SIGNED					
	Chandall M.D.	Attending Med. Stoff Phys.	4-18-66					
	23C. PHYSICIAN'S NAME (Type)	23D. APOLO Eastern Avenue, Ba	ltimore, Maryland					
		4.0. DALTO	ity Mosp					
247	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION	(City, town, or county) (State)					
E	1 11 00 (/ 0 110 1)	tional Balling	maryland					
-	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS					
	ADR 20 1966 R. C. D. E. July 8.	the motor of Dust Til	4. 1701 LAUrens 8					
VS	150-REV. 1/1/65	The tarken in that it	J' I'D' WHOLENE P					

Manager and a visit of

BALTIMORE CITY HEALTH DEPARTMENT MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 1:45 p. M. Satterwhite 4/17/66 Hunter 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (II outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) Provident Hospital 1345 Myrtle Ave. 9. AGE (In years 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH Il Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED(specify) lost birthdoy Months | Doys | Hours , Diverced SEPARATED May 17, 19/7 48 male colored 10A. USUAL OCCUPATION (Give kind of work 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or to a country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if refired)
Construction Henderson, North Carolina U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ashton Satterwhite Elizabeth Harris 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SO CIAL 17. INFORMANT ADDRESS SECURITY NO. (Yes, no or unknown), (If yes, give wor or dotes of service) 240-03-0680Mrs. Pearl Woods 1622N. Pulaski Street CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Bilateral bronchopneumonia LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO UNDERLYING CONDITION LAST. NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Fatty alteration of liver DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? partial 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, foctory, steel, office bldg., INJURY OCCUR? 21 A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-UTING CAUSE OF DEATH. 21D TIME 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Year) OF INJURY WHILE AT (APPROX.) NOT WHILE 22. I certify that I held on Inquiry ___ Autopsy X and that on this basis, death in my opinion Inspection ___ resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE Werner U. Spitz, M.D. 4/18/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 238, DATE 23C. NAME OF CEMETERY OF CREMATORY 23D. LOCATION (Stote) (City, town, or county) REMOVAL (Specify) Burial 4-23-66 Henderson Henderson, North Carolina 24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

> The Morton and Dyett Funeral Home 1701 Laurens Street, Balto, Md. 21217

PIET, SE CONTELLOR DE SONS CONTEN A SECTION OF MARKET AND ASSESSMENT ASSESSMEN PERSONAL PROPERTY. PARTY SERVICE VIEW AND SERVICE TO Later of Asia Control of the Control

8

at An

D.O.A. shows: (1)

SD

3

certificate

spital and of death Deceased

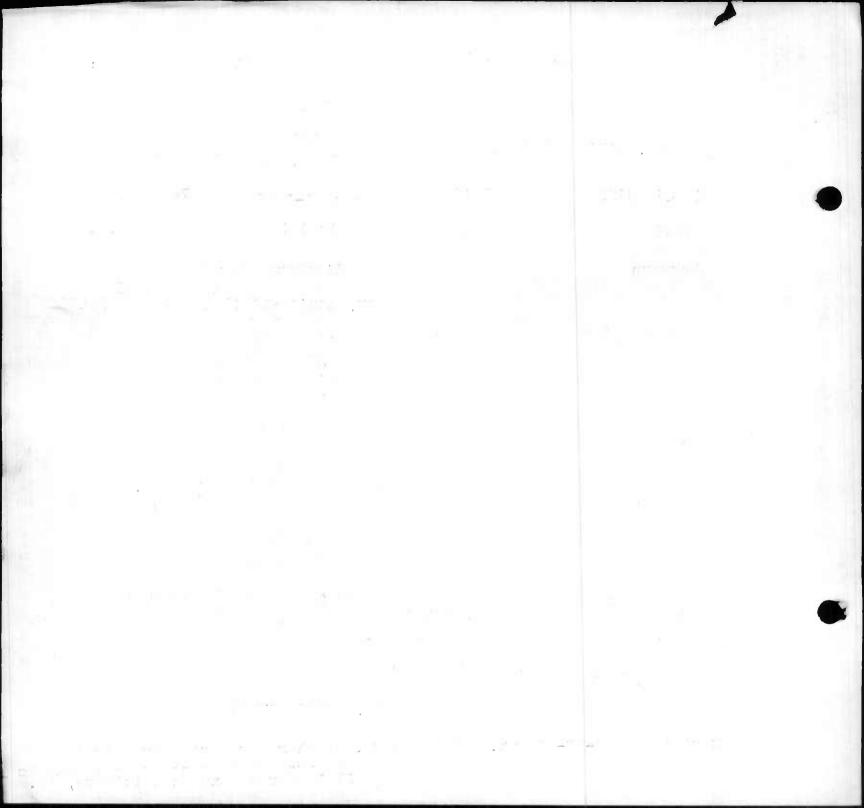
hospital

Such

LO

BALTIMORE CITY HEALTH DEPARTMENT 66 04043 CERTIFICATE OF DEATH Registered No. 1141143 BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) APRIL 18 FANNIE DUDLEY 1966 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY MARYLAND FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION 0 D. STREET ADDRESS (IT rurol, give location) ST. AGNES HOSPITAL 120 N. MONASTERY AVENUE mad 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. WIDOWED DIVERCED (specify) lost birthdov Months Doys NEGRO FEMALE Sept 21-1895 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) VIRGINIA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Elizabeth Chatman T AND CATON AVENUEADDRESS 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final Yes, no or unknown) [Ilf yes, give wor or dotes of service) SECURITY NO. AGNES HOSPITAL RECORDS. WILKENS CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH CONDITION DIRECTLY Pneumonia LEADING TO DEATH LUNG ABSCES (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving la the obave cause (A) slating the UNDERLYING CONDITION lost. the remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFICATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED before Ü 21A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, farm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical exominer) obtained MEDI 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While At Not While (APPROX.) Work At Work MARCH 29 22. I certify that (1) (this hospital) attended the deceased fram APRIL that (1) (we) lost sow the deceased alive on and that in (my) (aur) apinion death accurred an the date pe and hour and fram the causes stated abave. 🖖 (We) (did) (d&d 🍂) view the bady ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff 10 Director L approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS prior AGNES 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY eceased (City, town, or county) REMOVAL ISpecify)

Burial 4-23-66 St. John Bapt Ch. Cemetery Frederickburg Virginia The Morton a 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR he Morton and Dyett Funeral Home In 1701 Laurens Street Baltimore, Md. VS 150-REV, 1/1/65



	66	04044		BALTIMORE CITY HEAL			66 04044
BIR	TH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICATE O	OF DEATH Registe	ered No.
M.	E CASE NO.						
	Pe or Print)		213 35			TE AND HOUR PRONOUNCE	
0 6		JAMES GREEN	LIERT BROWLE	NIGER DEAD		April 19, 1966	1:54 Pm.
3. 1	LACE IN BALL	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. CO	titution: rosidence before admission) UNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)				JTION, GIVE STREET	Maryl c. city or town (if Balti	outsido corporato limits, writ	e RURAL and give township)
1							10-09
3		S. Baltimor	e Genera	al Hospital	D. STREET ADDRESS (2313)	Hunter St.	
5. 5	EX	6. RACE		NEVER MARRIED DIVORGED (specify)	8. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
1	Ma le	Negro			8-9-1912	53	
		PATION (Give kind of working life, even if refired)	108 KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
T.	e during most of v	rorking life, even it retired;	100		VA		Wild Cooking.
13.	FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME	
	Unknown				Unknown		
15.	WAS DECEASE	D EVER IN U.S. ARMED		16. SOCIAL	17. INFORMANT		ADDRESS
(Te	s, no or unknown	(If yes, give war or dote	es of service/	SECURITY NO.	Christine	Green -832	Hanover St.
	18.	10 01		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	(This does repeated to the control of the control o	DE OR CONDITION DI LEADING TO DEATH inot moon the mode of osthonic, etc. It means inplication which caused NTECENDENT CAUSI DR CONDITIONS, IF A E ABOVE CAUSE (A) S IG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE A CONDITION CAUSING	dying e.g., tho discoso, death.) S NY, GIVING TATING THE CONTRIBUTII LATED TO T	XXXXX d: (B) DUE TO (C)	rioscleròtic isease	and hypertensiv	ve cardiovascular
CERT	19A. DATE OF		IDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes	or No. 208. IF YES, WERE FIN CERTIFYING CAU	INDINGS CONSIDERED
EDICAL	UNDERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B. home otc.)	PLACE OF INJURY (o.g., o, form, foctory, stroet, o	in or obout 21C. WHERE	DID (If in Boltimore City, g	rive exact location)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	WHILE AT NOT NORK	WHILE	D INJURY OCCUR?	
	ACTUAL SIGNAT	URE /	ngulry uses A	Inspection Autorida A	ond that	AL EXAMINER AL EXAMINER	
23A REA	BURIAL CRE	MATION, 23B. DATE 4-23-		Mt Auburn		Baltimore.	r, town, or county) (Stoto)
24/		APR 21 1966		of REGISTRAR		L.Brown and Montgomery	
VS	151-REV. 1/1/	65-		*	200 11	ware Pomol 1	701000

Unichown

Christine Green -352 Henover St.

or on Knu

Surlai 4-83-56 , Wt Amburn Cenetary Balticore. City

Issiah L. Srown and Son Inenda vientandario W 801

BIRTH NO.

M.E. CASE NO.

T. NAME OF DEC

MEDICAL EXAMINER'S	CERTIFICATE OF DEATH Registered No.
WILLIAM YOUN	IG April 15, 1966 2:25 A M
HORE, MARYLAND, WHERE PRONOUNCED DEAD IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	A USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission and a STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

M.I	E CASE NO.								
1. 1 (Tv)	NAME OF DECEASED		2. DATE AND HOUR PRONOUN	ED DEAD					
, , ,	WILLIA	M YOUNG	April 15, 196	6 2:25 A M.					
3. P	LACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If inc. A. STATE B. CO	titution: residence before admission)					
FILL	I MANAS OF THE MOT IN HOSPITA	AL OR INICITIUTION CIVE CTREET	Maryland	, t					
HO	SPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, wri	te RURAL and give township)					
INS	TITUTION		Baltimore	22-01					
5	Courts Deltainers Co	7 ** 1	D. STREET ADDRESS (If ruinl, give location)						
0	South Baltimore Gen	eral Hospital	33 W. Lee Street						
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs.					
	Male Negro	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.					
	-1-0	TOR WALD OF SUCKIESS OR INDUSTS	4 29 1934 31	12 00000					
	e during most of working life, even it retired)	THE WIND OF BUSINESS OF INDUSTR	RY 11. BIRTHPLACE (State or toreig. country)	12. CITIZEN OF WHAT COUNTRY?					
			S.C.						
13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
V	William A. Young		Mildered Davis						
	WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT	ADDRESS					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3 01 30(1100)	Esteele Jones 22I N.	Brodway					
	1B.	CAUS	E OF DEATH	· INTERVAL BETWEEN					
CERTIFICATION	injury or complication which coused antecendent cause DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) ST UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT REI DISEASE OR CONDITION CAUSING	S (B)							
CERT	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION FOR WHICH OPERATION	Yes Yes or No. 208. IF YES, WERE FIN CERTIFYING CAU						
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID (If in Boltimore City, office bldg., INJURY OCCUR?	give exact location)					
Σ	21 D TIME (Month) (Doy) (Yeor IAPPROX.)	WHILE AT NOT	WHILE WORK						
	22. I certify that I held an I	22.							
4	resulted from: Natural car	uses X Accident Sulci	de 🗌 Hamicide 🗌 Undetermined man	ner 🗌					
			CHIEF MEDICAL EXAMINER						
	n /								
	ACTUAL OLG	acle & Pety	ASSISTANT MEDICAL EXAMINER	DATE SIGNED					
	EXAMINER'S Chamles	m. L	ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER	4/15/66					
	EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER						
	EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER	4/15/66 y, town, or county) (Stote)					
REA	EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	or CREMATORY 23D. LOCATION ICH	4/15/66 r, town, or county) (Stote) MD					

VS 151-REV. 1/1/65

Priez

alved basesils

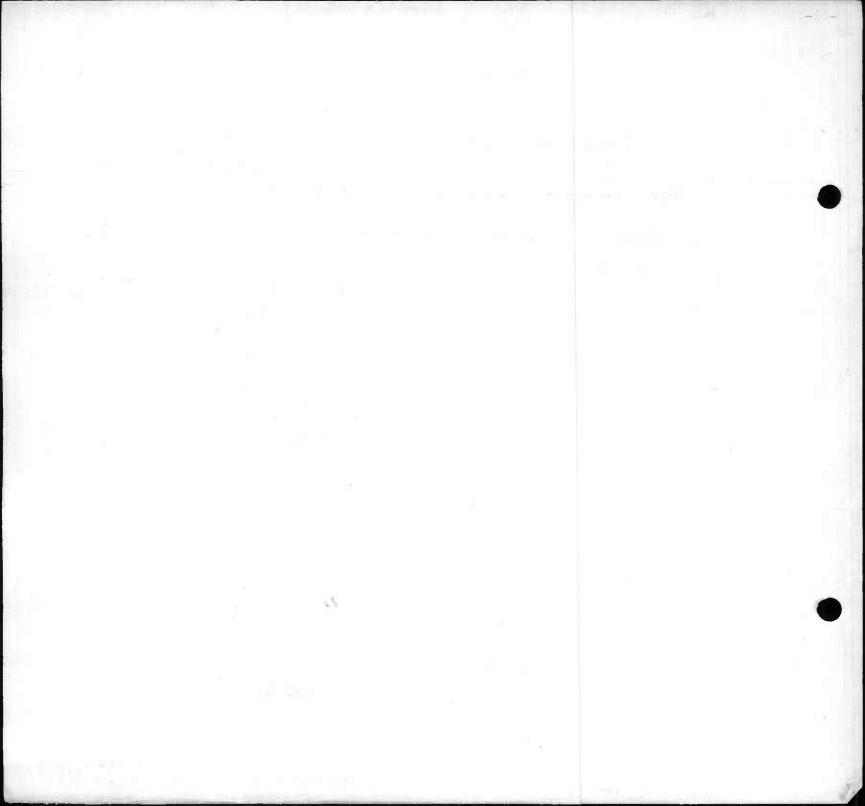
Esteels Jones The botter is its

munica malifix

dos bue sword I dataal took word Street

A.A.CO.A.A

VS 150-REV. 1/1/65



66 04047 BALTIMORE CITY HEA	LTH DEPARTMENT 66 14047
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED (Type of Print) JOHN Churchwell WOOLFREY	April 13, 1966 6:50 P
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission) A. STATE B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION GIVE STREET HOSPITAL OR INSTITUTION	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore City Hospitals	Baltimore D. STREET ADDRESS (If rurnl, give locotion) 1929 Fleet Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs.
Male White WIDOWED, DIVORCED(specify)	R=8=1908 hast birthday Months, Days, Hours, Min.
TOA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRE done during most of working life, even if refired)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Woolfrey	anne minnick
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give wor or doles of source) 16. SOCIAL SECURITY NO.	17. INFORMANT of French Hame
unknown 223:22-050	b Clipping Tirgener
18. 4 CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Artor	iosclerotic Heart Disease.
(This does not mean the made of dying e.g., heart failure, asthemo, etc. It means the disease, injury or complication which coused death.)	TOSCIETOCIC Meart Disease.
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes Yes
ZIA, EXTERNAL CAUSE WAS OUNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT [NOT	WHILE WORK
22.	and that an this basis, death in my apinian
resulted fram: Natural causes X Accident Suici	de Homicide Undetermined manner
ACTUAL OLD INTERPRETATION	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE CALLES M.E	ASSISTANT MEDICAL EXAMINER 4/14/66
NAME (Type) Charles S. Petty, M.D.	or CREMATORY 23D. LOCATION (City, town, or county) (State)

VS 151-REV. 1/1/65

23A. BURTAL OREMATION. 23B. DATE
REMOVAL (Specify)

4/14/66

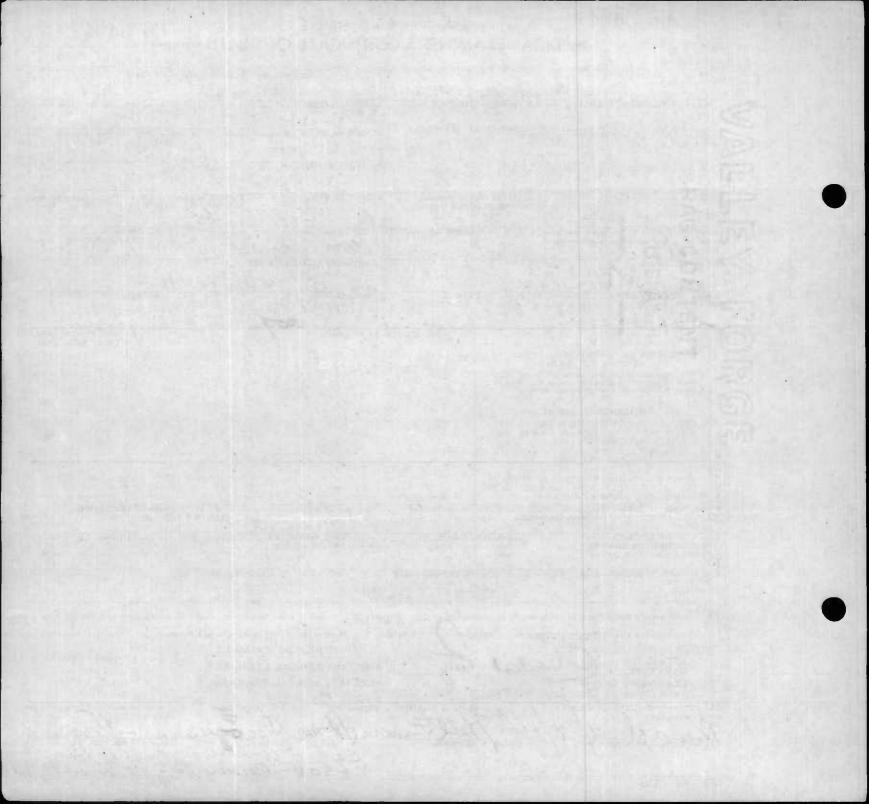
Tall Finneral Home Occhoque on - Virgenia

28A. DATE REC'D BY WEALTH DEPT. 24B. NAME OF REGISTRAR

28A. FUNERAL DIRECTOR FUNERAL DIRECTOR FUNERAL HOME

Earl B. Wohlston, Funeral Home Se

6306-Belair Rd-, Baltimore 66, Md



of death Deceased

cause

contributing

hospital

0

occurred

Such

death.

0

prior

deceased

LO death

attendance any

Ular

pronounced

0 5

¥× 0

physician

the

where

(except

any nature;

accident of hospital

he body was released

physician

°N

9

pup

death)

0

prior at

VS 150-REV. 1/1/65

0

was D.O.A. deceased p

shows: (1)

fracture

4

burns; Was

no

attendance cause; (5)

regular

=

ds the

3

BALTIMORE CITY HEALTH DEPARTMENT 66 114048 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) APRIL 18, 1966 ELIZABETH 5:00P 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, RIIRAL BALTIMORE D. STREET ADDRESS ST. AGNES HOSPITAL (If rurol, give location) 4632 COLEHERNE ROAD made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. 10s Birthdoy Months Dovs Hours WIDOWED, DIVORCED (specify) 2-20-83 FEMALE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? MREKARD IRFLAND U. S.A. HOME 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME MARTIN TIERNAN MCHALE BRIDGET AND CATON AVENUE 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. ST. AGNES HOSPITAL RECORDS CAUSE OF DEATH 1B. OF INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY 8 balmed Intra cerebral Hemorrhage LEADING TO DEATH hours APPROVED (This daes not meon the made at dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused deoth.) E ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the NO UNDERLYING CONDITION IOSI. the remains TIFICAL Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERA 20A. AUTOPSYP (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 218, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, larm, factory, street, olfice bldg., INJURY OCCUR? 2TA. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact facation) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) obtained MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) Work At Work APRIL 22. I certify that (1) (this haspital) attended the deceased fram. 19 66 and that in (my) (aur) apinian death accurred on the date that (N) (we) last saw the deceased alive an pe and haur and from the causes stated above. (H) (We) (did) (did not) view the body after death. must 23 B. DATE SIGNED 23A. SIGNATURE Attending Phys. M.D. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME Type

ST. AGNES HOSPITAL 24A. BURIAL CREMATION. or CREMATORY 24C. NAME of CEMETERY REMOVAL (Specify) 25A. DATE HEALTH DEPT. NAME OF REGISTRAR

25C. FUNPRAL DIRECTOR ADDRES:

(City, town, or county)

24D. LOCATION

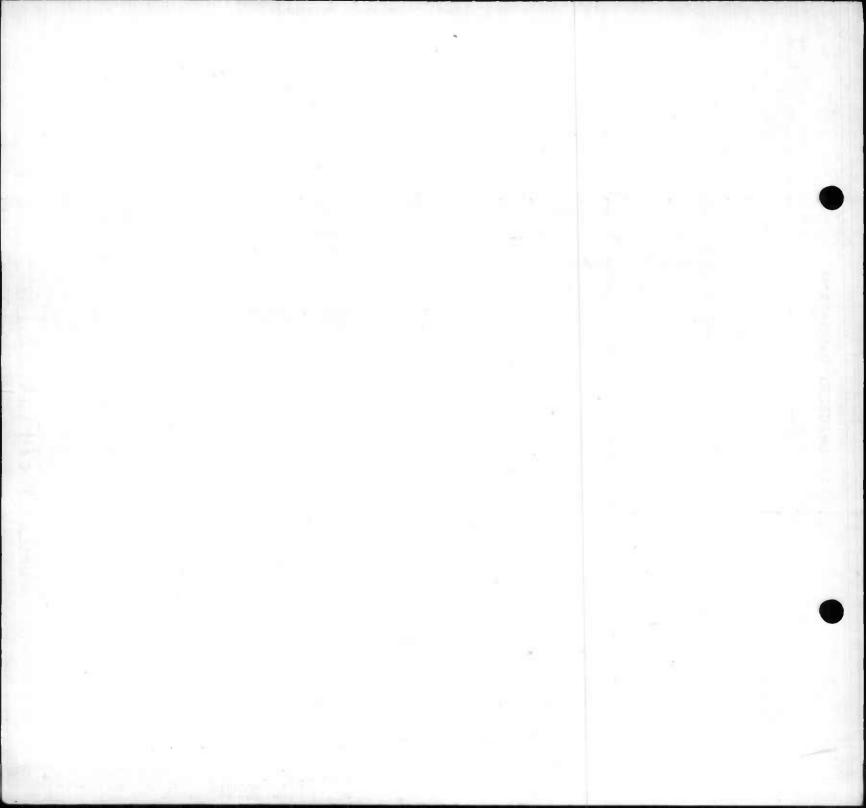
CESTIFICATION WORSHAFE BY

FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the
-----------------------------	--

deceased prior to written approval

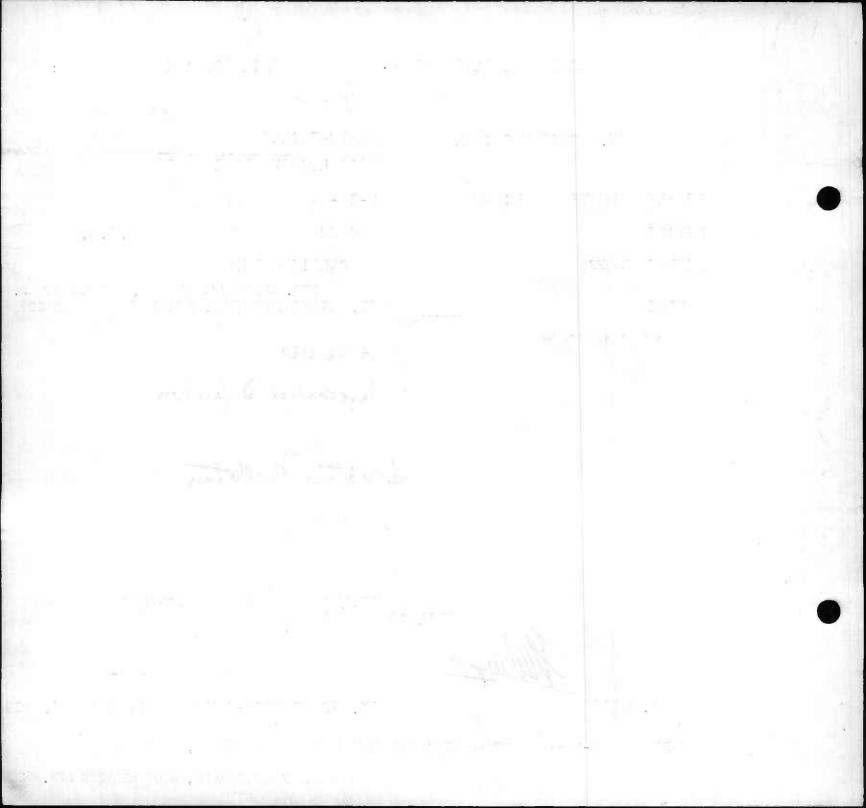
BALTIMORE CITY HEALTH DEPARTMENT						
	ATE OF DEATH Registered No.					
M.E. CASE NO. 1. NAME OF DECEASED	2, DATE AND HOUR OF DEATH)					
(Type or Print) Alice May Rumens	April 17, 1966 6 p m.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street address or location) NSTITUTION 308 E. 28 Street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township) Baltimore					
Baltimore, Md. 21218	D. STREET ADDRESS (If rurol, give location)					
	308 E. 28 Street					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min. May 22, 1884					
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?					
Homemaker	England USA					
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME					
Samuel Glendinning	Eleanor Ann Jefferson					
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no ar unknown) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS					
No 214-03-2829	A Company (Company) Dame					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	urdiovascular Rewal Disco Indefinite					
	rabetes mellettes Gudefinite					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
OR CONTRIBUTING CAUSE OF home, form, factory, street, peach (notify medical examiner)	in a about 21C. WHERE DID (If in Baltimare City, give exact location) office bldg., INJURY OCCUR?					
OF INJURY (APPROX.) (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED While At Work At Work	21F. HOW DID INJURY OCCUR?					
22. I certify that (1) (th is haspital) attended the deceased from that (1) (we) last saw the deceased alive an	1965 and that in (my) (ever) opinion death occurred an the date					
and haur and fram the causes stated obave. (1) (We) (did) (did)						
out haut it have	thending Med. Stoff Phys. 23B. DATE SIGNED April 19-66					
23C. PHYSICIAN'S NAME (Type) Natheniel M. Reck	23D. ADDRESS 281 8554 Paul 54mark					

CERTIFICATION OTHER SIG DISEASE O 19A. DATE 21 A. ACCIT DEATH (no 21 D. TIME OF INJURY (APPROX.) 22. I certi that (I) (w and haur o 23A, SIGNA Wa 23C. PHYSIC 281855t. Paul Street 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (State) 4/20/1966 Baltimore National Cemetery Baltimore, Md. Burial 25C. FUNERAL DIRECTOR
Eugenia K. Seitz 52
Baltimore, Maryland 6 E FILLENMAN 25A. DATE REC'D BY HEALTH DEPT. ADDRESS APR 21 1966 12 5209 York Road VS 150-REV. 1/1/65



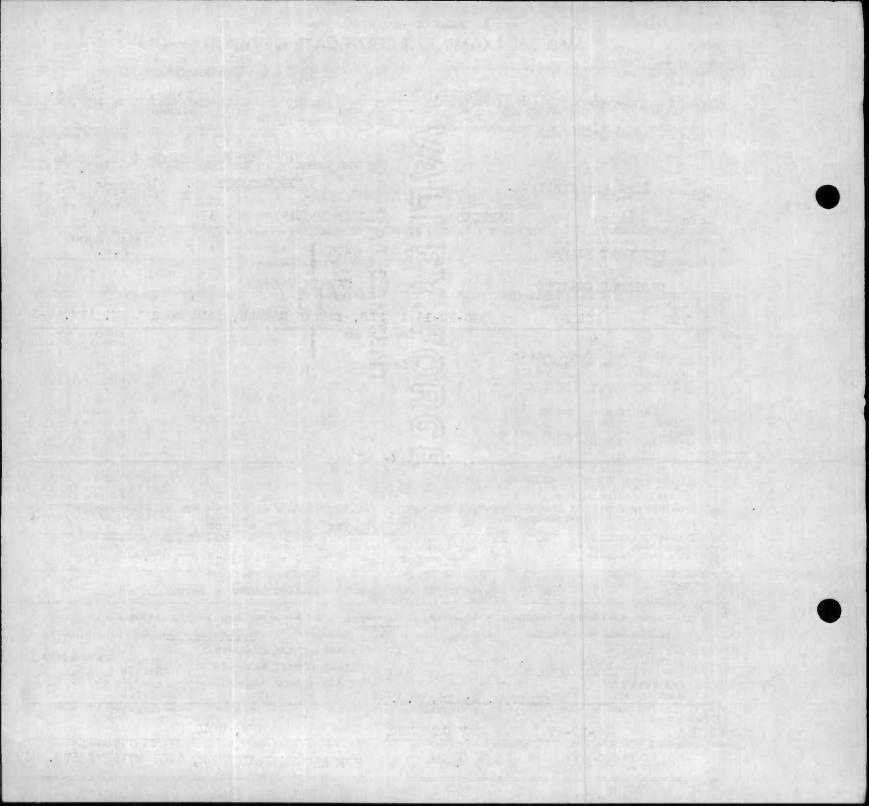
FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO,	CERTIFICA	TE OF DEATH Registered No. GE	3.04050
M.E. CASE NO. 66 11400)()	2, OATE AND HOUR OF CEATH	
	, FLORENCE A.	APRIL 19, 1966	9:55A.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If institute A. STATE B. COUNTY	tian: residence before admission)
FULL NAME OF (If not in haspital or institu HOSPITAL OR address or location)	rtian, give street	MARYLAND C. CITY OR TOWN (If autside city limits, write RURA	AL and give township)
ST. AGNES HO	SPITAL	CATONSVILLE O. STREET ADORESS (If rural, give location)	53-00
		111 LOCUST DRIVE #28	
FEMALE WHITE W	RRIED, NEVER MARRIED OWED, OLVORCEO (specify)	8-27-88	Under 1 Yr. If Under 24 Hrs. onths Oays Hours Min.
OA. USUAL OCCUPATION (Give kind of work 108, KINdone during most of working life, even if relired) RETIRED	O OF BUSINESS OR INOUSTRY	11, BIRTHPLACE (State or foreign country) CONN	2. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHERS NAME GEORGE RUOFF		14. MOTHER'S MAIDEN NAME CARRIE MARVIN	
5. Was Occased Ever in U. S. Armed Farces? Yes, no ar unknown! (If yes, give war ar dates of ser NONE	vice) 1 6. SOCIAL SECURITY NO.	17. INFORMANMES. CHARLOTTE STEVEN ST. AGNES HOSPITAL RECOR	S, TPBRELOCUST DR.
DISEASE OR CONDITION DIRECTLY	CAUSE OF	ASCND	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, heart failure, asthenia, etc. It means the disinjury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, grise to the above cause (A) stating UNDERLYING CONDITION tost.	giving	Myocardial Dufaction	
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE	iabetes helletus	
198. CONDITION WAS PERFORMED		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	NNGS CONSIDERED S OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n at about 21C. WHERE DID (If in Baltimare City Fice bldg., INJURY OCCUR?	ly, give exact lacation)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	21 F. HOW DID INJURY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) last sow the deceased alive and hour and from the causes stated bo	on APRIL 19	APRIL 16 166 to APRI 19 66 ond that in (my) (our) opinion view the body ofter death.	L 19 19 66
23A, SIGNATURE	nia -	238	e, DATE SIGNED
23C.PHYSICIAMS NAME (Type) E. WEISS		23D. ADDRESS	ILKENS AVE. #
24A. BURIAL CREMATION, 24B. DATE 2.	4C. NAME of CEMETERY OF CRE		awn, or county) (State)
	MEADOWRIDGE MEMO	RIAL PARK BALTIMORE, MA	RYLAND
	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 21 1966 (P.O. F-9)	Fre Change	HUBBARD FUNERAL HOME, 4107	WILKENS AVE. #:
S 150-REV. 1/1/65			



BIRTH NO.	MEDI	CAL EX	KAMINER'S C	ERTIFIC	CATE OF D	EATH Registe	red No.) 1
M.E. CASE NO.								
Type or Print)	CEASED		***		2. DATE AND	HOUR PRONOUNCE	ED DEAD	
	Jo	hn	Garber, Jr.			4/18/	66 8	:15 a. M.
3. PLACE IN BAL	TIMORE MARYLAND, WE	HERE PRONO	UNCED DEAD	4. USUAL A. STATE	RESIDENCE (Where	deceased lived. Il insti B. COU	itution: residence	before odmission)
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTIT	UTION. GIVE STREET		Maryland			
HOSPITAL OR	ADDRESS OR LOCA	TION)	onet, one one	C. CITY C	R TOWN (If outside	corporate limits, write	RURAL and give	township)
					Baltim	ore	26	36
				D. STREET	ADDRESS (II rurol,	give location)	AP	T. T-3
	Pier 4 - Pratt	st.			XXXXXXXXX	TAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	316 Bonsa	1 Street
5. SEX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE O	FBIRTH	9. AGE (In years last birthday)		If Under 24 Hrs. Hours , Min.
male	white		RIED	JUNE	30, 1928	37		
		108. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHP	LACE (State or foreign	country)	12. CITIZEN OF	
	working life, even if retired) RCHANT SEAMAN			OHI	0		US.A.	JNIRTE
FATHER'S NAM			7 7 55 SHI		R'S MAIDEN NAME			
OT	A DENICE CITA DE ES	0		CA	RMIN WARNER			
. WAS DECEASE	ARENCE CHARLES	FORCES?	16. SO CIAL	17. INFORM			ADDRESS	
	(If yes, give war or dates	of service)	SECURITY NO.	(DC E	TIET YOU OA DDE	ER, 1316 BON	TO TABE	↑ ₽ 7 3
YES	KOREAN		300-20-1411	MRS. E	VELIN GARDI	K, 1310 BOI		
18.	1294		CAUSE	OF DEAT	Н			T AND DEATH
DISEA	SE OR CONDITION DIR	ECTLY					01132	
Distr	LEADING TO DEATH		Dro	wning				
(This does	not mean the made of	dying, e.g.,	DUE TO			***************************************		
heart tailure	, asthenia, etc. It means mplication which caused d	the disease,						
							70.1	
1	ANTECENDENT CAUSES	5	(8)					
DISEASES	OR CONDITIONS, IF AI	NY, GIVING	DUE TO			***************************************		**************
	NG CONDITION LAST.	A III O INC						
Z	HEISTER WITH CO.		(C)	•••••				
OTHER SIG	H							
OTHER SIG	DEATH BUT NOT REL							
DISEASE O	R CONDITION CAUSING	IT.	***********************			***************************************		**************
19A. DATE OF	F OPERATION 198, CONT	ORMED	WHICH OPERATION			OB. IF YES, WERE FIN	NDINGS CONSID	ERED
1/	L CALLEE WAS		01.4.65.65.1111100.4	ye		yes		
UNDERLYING	CAUSE WAS	home	PLACE OF INJURY (e.g., e, farm, foctory, street, c	in ar about the	NJURY OCCUR?	f in Baltimare City, gi	ve exact lacation)	
UTING CAU	ISE OF DEATH.	etc.)	water		found - Pie	er 4-Pratt	St.	4-01
E 21D TIME	(Month) (Day) (Year)	(Hour) 2	TE. INJURY OCCURRED	2	IF. HOW DID INJU	RY OCCUR?		1
(APPROX.)	4 ? 66	?	WHILE AT NOT	WHILE	undetermin	ned - found	in water	
22.			WORK L AT W	OKK	Union di Cont			
1 cer	tify that I held on In	iquiry	Inspection Aut	opsy 🗶	and that on this	s bosis, deoth in m	ny opinian	
resul	Ited from: Notural cou	ses A	Accident Suicid	e 🗌 H	omicide U	ndetermined monne	er 🔀	
	1414	, /	//_	CHI	EF MEDICAL EX	AMINER _		
ACTUA		1.	2 1	ASSISTA	NT MEDICAL EX	AMINER X	DA	TE SIGNED
SIGNAT	1/0		~ > M.D.		TE MEDICAL EX	_	4/19	/66
EXAMIN NAME (- \	rner U.	Spitz, M.D.	AJJUCIA	TE MEDICAL EX	AMIREK _		
A. BURIAL CRE	MATION, 238 DATE		C. NAME OF CEMETERY O	CREMATO	23 D. LC	CATION (City,	tawn, ar county)	(Stole)
EMOVAL (Specil		111111	NEY CEMETERY		NE	Y, OHIO		
BURLAL	4-20-66 BY HEALTH DEPT.	248 NAAAE	OF REGISTRAR	240 5	UNERAL DIRECTOR	, onle	ADDRE	ec
A D D	9 1 10CC A	- 4	- PA			T HOME / 10		
APR	1 1900 (15 Ex	15 E.	talky#A	HUB	BARD FUNERA	L HOME, 410	J/ WILKEN	J AVE. T
'S 151-REV. 1/1/	'65	1			19			

W990X



	B	156	÷	'n	
	P	000	L		
	of	De	0	t	
	0	2	UC	lec	
	105) :	P	0	
	0	Jse	e	7	
	9	100	att	ior	1
1	E	D	_	pr	0
	ibi	ine	2	0	ad
)	ntr	E	991	150	E
	00	te	-	Cec	
	7	de	.=	de	9
	+	בֿ	SD	0	osi
	Pec	4	3	÷	Sp
	P	-	부	no	9
	16	.E.	ed	0	al
	=	×	-	Juc	Ę
	=	UD	Cec	bo	0
	SO	of	חח	tel	pa
)	V	9	0	P	E
	7	7	ro	ם	pa
	in	P	0	3	E
	E	Af	h	9	0
	X	3	5	2	0
	=) :	iar	S	ins
	ico	rns	Sic	DA	DIL
	ed	5	h	2	9
,	E	P	9	Cia	he
	0	Boo	the	ysi	+ 0
)	þ	5	0	ph	OF
	0) :	her	0	bef
1	pi	Jre	₹	Z	P
	105	ati	pt	9	ine
)	0	n /	ce	Pu	pto
_	÷	un	(e)	0	ob
	0	Je C	-	3	be
l	ed	tu	pi-	to	St
	SDS	de	0.5	p	E
	ele	CCI	h	0	0
	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on th	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	written approval must be obtained before the remains are embalmed or final disposition is made.
1	3	An	2	pri	ppr
	1	3	D.A	Pe	0
-	pou	5	0	OSE	en
0	9	30	SE	00	H
	+	sh	3	de	3

66 04052 BALTIMORE CITY HEALTH DEPARTMENT 86 04052							
SIRTH NO. CERTIFICATE OF DEATH Registered No.							
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH							
(Type or Print) WALTER CLIFFORD HARTZELL, SR. APRIL 17, 1966							
3. PLACE OF DEATH IN SALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admiss 8. COUNTY							
FULL NAME OF (If not in hospital or institution, give street MARYLAND							
HOSPITAL OR oddress or location) INSTITUTION C. CITY OR TOWN (If outside city limits, with RURAL and give township)							
BALTIMORE							
1314 JAMES STREET, BALTIMORE 23, MD. D. STREET ADDRESS (If rurol, give location)							
1314 JAMES STREET 212 3 3							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Months; Days Hours; Min							
MALE WHITE MARRIED JANUARY 8, 1900 66							
10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
CHAUFFEUR ARUNDEL BROOKS CORP. ABERDEEN, MARYLAND U.S.A							
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME							
WALTER HARTZELL CATHERINE							
15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO 217-09-3933 MRS. E. PAULINE HARTZELL, 1314 JAMES ST. #:							
NO 217-09-3933 MRS. E. PAULINE HARTZELL, 1314 JAMES ST. #:							
A A A ONETT AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO DUE TO							
heart failure, asthenia, etc. II means the disease, Injury or complication which caused death.)							
ANTECEDENT CAUSES (8)							
DUE TO DISEASES OR CONDITIONS, if any, giving							
rise to the above cause (A) stating the (C)							
UNDERLYING CONDITION loss.							
Z GYING SIGNIFICANT CONTRIBUTING							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT. 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 204. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?							
U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?							
D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?							
S OF INJURY (APPROX.) While At Not While							
WORK AT WORK							
22. I certify that (1) (this hospital) attended the deceased from OCT 5 1965 to april 17, 1961							
at (1) (we) last sow the deceased alive an africal 16 1966 and that in(my) (our) opinion death occurred on the date							
nd hour and from the causes stated above. (1) (We) (did) (did no t) view the body after death.							
23A. SIGNATURE 23B. DATE SIGNED							
Morrio, B. Schreiber M.D. Attending Med. Director Phys. 4-19-66							
23C. PHYSICIAM'S 23D. ADDRESS							
MARRIS B. SCHREIBER M.D. 1519 W. LOMBARD STREET							
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City. lown, or county) (State							
BURIAL 4-20-66 BEL AIR MEMORIAL GARDENS BEL AIR, MARYLAND							
25A DATE REC'D RY HEALTH DEPT. DER NAME OF REGISTRAR 25C FUNERAL DIRECTOR ADDRESS							

APR 21 1966 P. S. Janke of REGISTRAN
VS 150-REV. 1/1/65

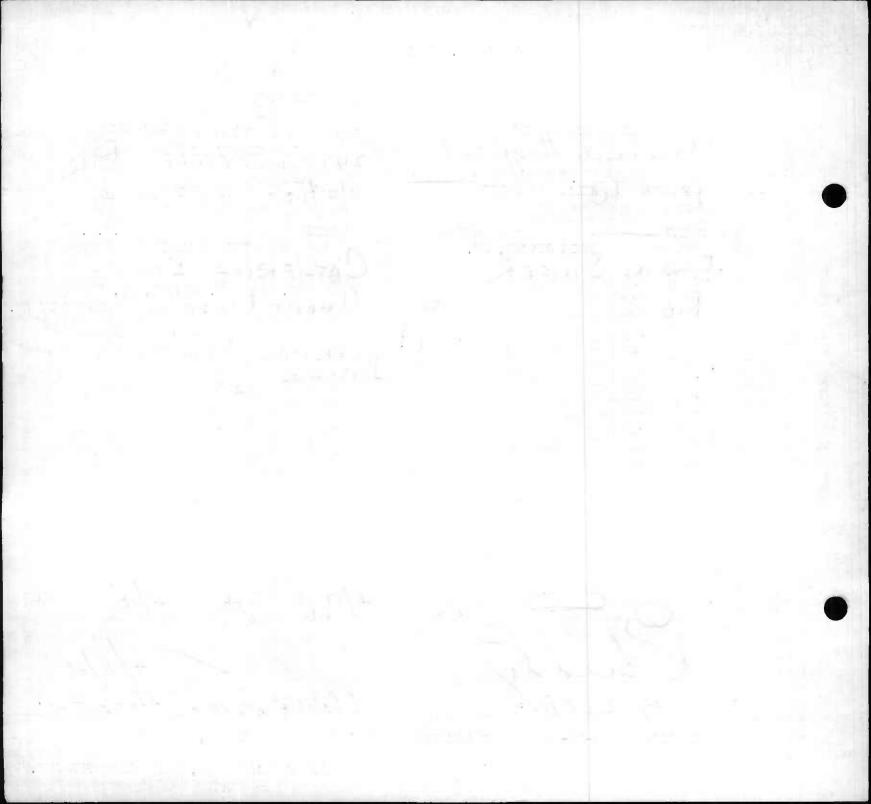
HUBBARD FUNERAL HOME, 4107 GILKENS AVE. #29

N. Series of the

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

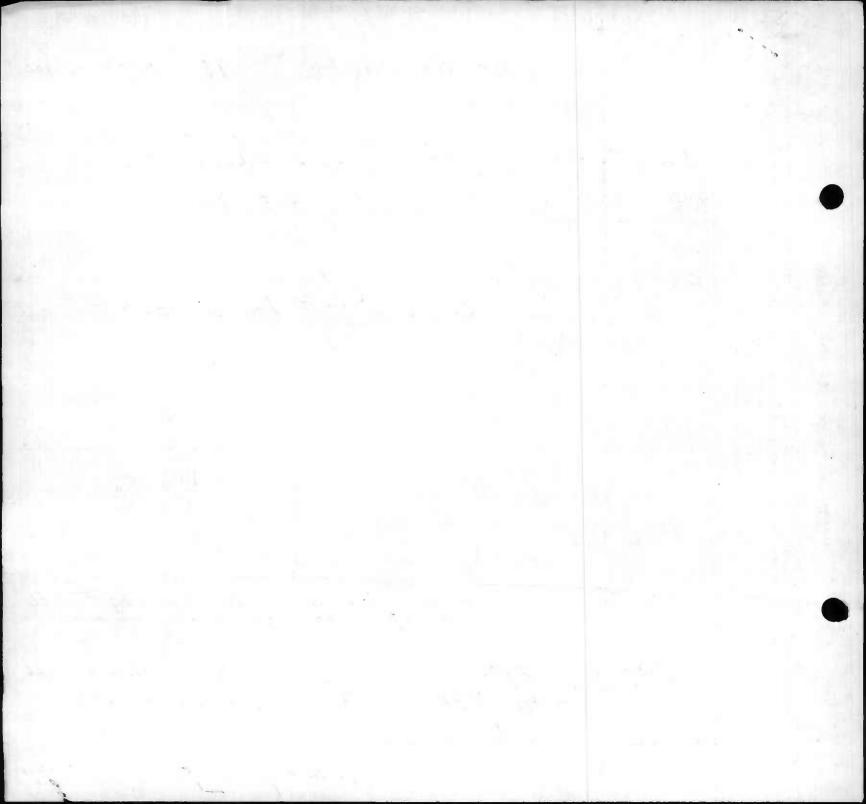
VS 150-REV. 1/1/65

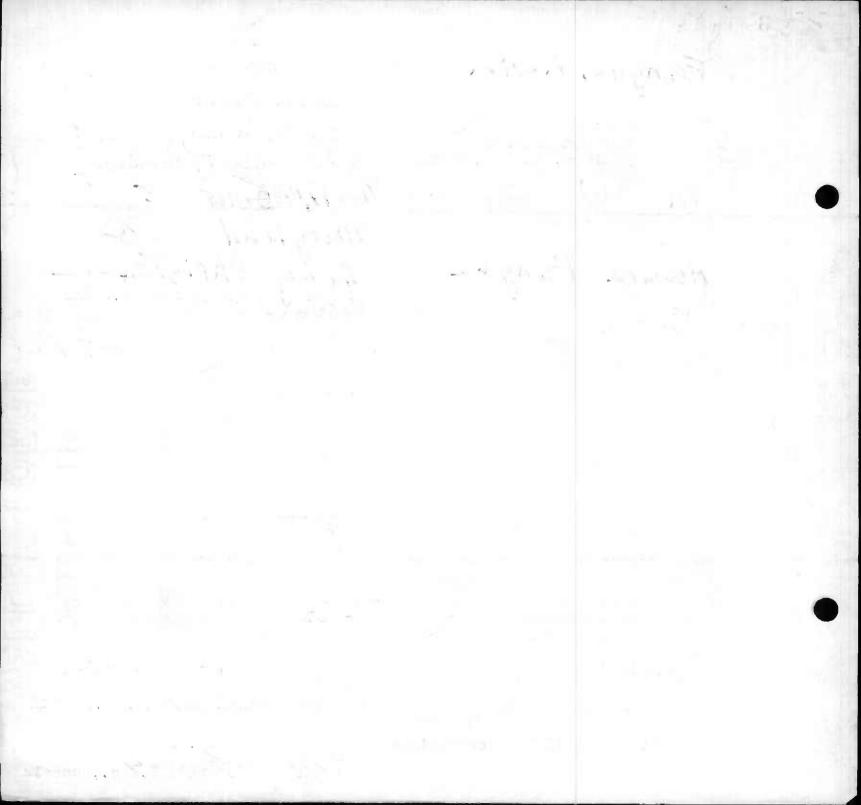
Car at	IRTH NO. 66-07/82 66 04053 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered Ref. 04053								
M.E	. CASE NO.								
	AME OF DECEASED BERNADETTE G. SINTER	2. DATE AND HOUR OF DEATH							
3. 1	LACE OF DEATH IN BALTIMORE MARKLAND	14. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission							
		A. STATE B. COUNTY MARYLAND							
FULL NAME OF (If not in hospital or institution, give street hospital or oddress or location) UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside city limits, write RURAL and give township) REISTERSTOWN D. STREET ADDRESS 49 (Cannow Turfill on ROAD)							
						- received Arriver	249 CANDYTUFI PID		
					5. S	FEMALE WHITE 7. MARRIED, NEVER MARRIED WORKED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hours Min. XX 14 Days 14		
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR								
	CHILD ————————————————————————————————————	MARYLAND U.S.A.							
13.	FATHER'S NAME EDWIN SINGER, JR.	14. MOTHERS MAIDEN NAMERIA CATHERINE DORSEY							
1	-DWIN SINGER	CATHERINE DORSEY							
	Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT MR. EDWIN F. SINGER, JR. 249							
	CHILD	CHART HOSPITAL CANDYTUFT							
	TB. CAUSE	OF DEATH INTERVAL BETWEEN							
	DISEASE OR CONDITION DIRECTLY	CHISET AND DEATH							
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	MCENITAL HEART BYRTH							
	hearl failure, asthenia, etc. It means the disease,	DISEASE							
	injury at complication which coused death.) ANTECEDENT CAUSES (B)								
	DISEASES OR CONDITIONS, if ony, giving	, iii							
	rise to the above cause (A) stating the (C)								
	UNDERLYING CONDITION Iosi,								
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
l les									
CERTI	21A. A CCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location)							
AL CE		in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) And Contributing (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) office bldg., INJURY OCCUR?							
AL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While At Not Wh	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) home, form, factory, street, etc., thome, form, foctory, street, etc., While At Work Not Why	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR?							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased fram	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR?							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Not Wh Work Not Wh Work 22. I certify that (1) (his haspital) attended the deceased fram	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? iile							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased fram	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? iile							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) (APPROX.) While At Not When the causes stated abave. (I) (We) (did) (did nat) 23A. SIGNATURE M.D. Al	office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? iile							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED While At Not What Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive an and hour and from the causes stated above. (I) (We) (did) (did nat) 23A. SIGNATURE M.D. Attacks and the deceased alive an Attacks and the deceased from the causes stated above. (I) (We) (did) (did nat)	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19							
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) (APPROX.) While At Not When Work At Work 22. I certify that (1) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an and haur and from the causes stated above. (1) (We) (did) (did nat) 23A. SIGNATURE M.D. Alpha	office bldg, INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19							
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21D. TIME (Month) (Day) (Year) (Haur) OF INJURY (APPROX.) While At Not When the causes stated above. (I) (We) (did) (did not) 23A. SIGNATURE M.D. APPROX. BURIAL CREMATION, 124B. DATE ATTEMPTOR TO STATE (ALC. NAME of CEMETERY or C.)	office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19							
MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) While At Not Wh Work 10 Indian Mark (I) (We) lost saw the deceased alive an and haur and from the causes stated abave. (I) (We) (did) (did nat) 23C. PHYSICIAN'S NAME (Hyge) M.D. Aliver M.D. Aliver	office bldg., INJURY OCCUR? 21 F. HOW DID INJURY OCCUR? 19							



VS 150-REV. 1/1/65

		BALTIMORE CITY	HEALTH DEPARTMENT					
	BIRTH NO. 66 04054 CERTIFICATE OF DEATH Registered No. 66 040							
	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND	RA. WASHI	SETTON. 14. USUAL RESIDENCE (Whore	HOUR OF DEATH	April -17-1966m.			
	FULL NAME OF (If not in hospital or institut	tion, give street	A. STATE B. COUNT	land	19-04			
	HOSPITAL OR oddress or location)		C. CITY OR TOWN ((fouls	side city limits, write RUI	(AL and give township)			
•	Franklin Square 1	tospital	D. STREET ADDRESS (If turol, give location) 132 S Gilmore St.					
Bad		RIED, NEVER MARRIED DWED, DIVORCED specify) Married	8. DATE OF BIRTH 9	ost birthdoy)	II Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.			
ion is	10A, USUAL OCCUPATION (Give kind of work 10B, KIN done during most of working life, even il retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF WHAT COUNTRY?			
disposition	13. FATHER'S NAME		14. MOTHERS MAIDEN NAM	AE				
	15, Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (II yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
final		212 09 8703	Jame E. Los	Wman 13	2 S. Gilmone ST			
0	18. 33/X I	/ CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH			
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		C 17	A				
balmed	(This does not mean the made of dying, heart failure, asthenia, etc. It means the disc							
n bc	injury or complication which caused death.)	, , ,			× 1			
E	ANTECEDENT CAUSES	DUE TO		00000+				
010	DISEASES OR CONDITIONS, if any, gi							
	UNDERLYING CONDITION lost.	(0)						
before the remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	JTING THE						
e the		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED ES OF DEATH?			
befor	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)		(If in Boltimore C	City, give exact locofion)			
ained	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	JRY OCCUR?				
opt	22. I certify that (I) (this hospital) attend	ed the deceased from	3-2/1	966 10 4-	17 19 66.			
peq	that (I) (we) last saw the deceased alive	an 4-17	19.66and the	nt in(my) (aur) apinio	an death occurred on the date			
	and hour and fram the causes stated obay	re. (1) (We) (did) (did hat) v	iew the bady after death.					
must	23A. SIGNATURE	M.D. Atte	ending Med.	Stoll Por	3B, DATE SIGNED			
	Jong - 142 134	Phy	s. Director	Phys.	4-17-1966			
approval	23C. PHYSICIANS NAME (Type) FONG -HI	BEK M.D.	Franklin	Square H	toapital			
	BULLER 4/20/66	CNAME OF CEMETERY OF CR	(Cem 24D. 15	FLTIMORE	lown, or county) (State)			
written	A4 1000 A 0	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	Vanua &c.	(Thoo the Miss			
>	ADD TT 1966 KB K	at the same of the	I DELLA	NUNUT /	1 CO CO CONT			





the chief

approved

certificate

the body

hospital

death

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6 114056 66 114056 CERTIFICATE OF DEATH BIRTH NO. pital and of death Deceased the Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH ALBERT TEUFEL (Type or Print) ERNEST 7:30 LO death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) ance (2) , ANNE ARUNDEL MARYLAND canse FULL NAME OF (II not in hospital or institution, give street oddress or location) HOSPITAL OR (II outside city limits, write RURAL and give township) (4) Undetermined cause; attend INSTITUTION 0 ANNAPOLIS prior D. STREET ADDRESS (If rural, give location) contributing THE JOHNS HOPKINS HOSPITAL 104 LINDEN AVE. regular made 9. AGE (In years If Under 24 Hrs. S. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH II Under 1 Yr. Manths: Days 6. RACE deceased WIDOWED, DIVORCED (specily) last birthday) Hours MARRIED MALE WHITE 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired)
DOCKMASTER SD 13. FATHER'S NAME the 4. MOTHER'S MAIDEN NAME direct MABEL GILMAN JOHN FREDERICK TEUFEL death LO 15. Was Deceased Ever in U. S. Armed Forces? 7. INFORMANT ADDRESS 6. SOCIAL final (Yes, no prunknown) (II yes, give wor or dates of service) SECURITY NO. attendance any CAUSE OF DEATH INTERVAL BETWEEN pronounced 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed CONGESTIVE HEART FAILURE LEADING TO DEATH MONTH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. it means the disease, SUB-ACUTE ar BACTERIAL injury or camplication which caused death,) Barle ENDOCARDITIS MONTH who ANTECEDENT CAUSES DUE TO 9 are 4 DISEASES OR CONDITIONS, if any, giving exal RHEUMATIC HEART DISEASE YEARS rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION just. Was medical 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (2) Body 20 A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED YES before by 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (II in Boltimare City, give exact location) where hospital °Z. DEATH (notify medical examined etc.) MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 Not While OF INJURY (except While At (APPROX) At Work and Work to the 19 66 to. APRIL APRIL 22. 1 certify that (1) (this hospital) attended the deceased from _19__66___ond that in(my) (our) opinion death occurred on the date eath); that (() (we) lost saw the deceased office on APRIL pe hospital ond hour and from the causes stated above. (1) (Wa) (did) (Ald mot) view the body after death. was released must 23 B. DATE SIGNED 23A, SIGNATURE O Attending Stoff TXX 4-17-66 Med. 0 Director Phys. Phys. 8 23D. ADDRESS 23C. PHYSICIAN'S

An accident of any nature; approval prior at NAME (Type THE JOHNS HOPKINS HOSPITAL PATRICK CAULFIELD D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) eceased REMOVAL (Specily) written shows: ds 258. NAME OF REGISTRAR HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS 3 VS 150-REV, 1/1/65

Agency or or B . South and the state of the stat medically Marian Salle 112 6 27 Francisco de aprincipio de la constante de la To the second of Y

,

14:157

M-635

BIRTH NO.	MEDI	CALEA	AMINER 5 CI	EKTIFICA	IE OF D	EAID Registe	ored No.
M.E. CASE NO.					To a		20.004.0
1. NAME OF DE	CEASED					HOUR PRONOUNC	
		RTIN		1		oril 1966	11:30 p.m.
	LTIMORE, MARYLAND, W			A. STATE	cyland	B. COL	ilution: residence before odmission Anne Arundel
HOSPITAL OR	ADDRESS OR LOCA		C. CITY OR TOV	WN (If outside	corporate limits, write	e RURAL and give township)	
23	Johns Hopkin	tal	Annapolis D. STREET ADDRESS (If rurol, give locotion)				
PTIME				36	Monroe (Ct.	
5. SEX female	6. RACE		NEVER MARRIED DIVORCED (specify)	June 2	,1903	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
done during most of	CUPATION (Give kind of work f working life, even if retired)			11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF
13. FATHER'S NA	ME	II.D.V.	GERMON.	14. MOTHER'S M	AIDEN NAME.		1 473-77.
SAN	WEL MA	etin		(1	Unk"		
	SED EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	J. RICH	PRDSON		VENTREE RO.
18. //	0 145	0-11	CAUSE	OF DEATH			INTERVAL BETWEEN
DISEASES RISE TO TUNDERLY	e, osthenia, etc. If means omplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST ING CONDITION LAST. II GNIFICANT CONDITIONS	S NY, GIVING IATING THE					
DISEASE	DEATH BUT NOT REPORT OF CONDITION CAUSING OF OPERATION 198. CON WAS PER	DITION FOR	***************************************	20A. AUTOPSY	? (Yes or No) 2	e with comp nal cord DR IF YES, WERE FI	Pression NDINGS CONSIDERED SES OF DEATH? Ves
0 2				ye			
UNDERLYING CA	AL CAUSE WAS OF CONTRIB- USE OF DEATH.	21B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	other bidg., INJUR	OCCUR?		of Rt. 450
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (You		TE. INJURY OCCURRED		OW DID INJUR	Y OCCUR?	
22.	pril 9 1966 5						to collision
	ertify that I hold an I ultod fram: Natural ca	nquiry L	Inspection Au			basis, death in r	
ACTU/ SIGNA	AL 0/	cules 5	1)	CHIEF M	EDICAL EXA		DATE SIGNED
EXAMI	NER'S (Type)		0	ASSOCIATE M			4/16/66
23A. BURIAL CE	LEMATION, 238 DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City	, town, or county) (Stoto)
BURIA	L 4-18	-66	HILLCRE	sit	HL	IN Apohis	MD.
24A. DATE REC'	2 1 1966 (P.O.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR	0+6415	anapoli, Md
VS 151-REV. 1/1			CANON, IN	001114	1. 17740	161000	

examiner examiner.

chief medical

and of death

hospital

death

assistant if

direct

rect or contributing cause of death (4) Undetermined cause; (5) Deceased

LO

ance

attend 0

in regular

Was

death no

pronounced

Who 5 70 are

physician

the 0

where

(except

any

fracture of

4

3

any nature; (2) Body burns;

accident of hospital

was released

he body

shows:

by the

to the hospital

approved by

death.

prior

deceased

the

attendance

ular

=

Was

physician

°N

9

and

eath);

ō

0

prior

0

at

was D.O.A. deceased p

the remains

bef

obtained

pe

must

approval

made

disposition

final

0

embalmed

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND, HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospitof or institution, give street FULL NAME OF HOSPITAL OR oddress or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) (If rurol, give location) D. STREET ADDRESS MARRIED, NEVER MARRIED B. DATE 9. AGE (In years ff Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdoy Hours 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY MRTHPLACE (State or loroign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) our we 14. MOTHERS MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armod Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yos, no or unknown) (If yes, give wor or dates of service) SECURITY NO. -03 no CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It moons the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving the above cause (A) stoling the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. ERTIFIC 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Ü 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not Whife (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased/fram that (1) (we) last saw the deceased alive on. and that in (my) (our) apinian death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238, DATE SIGNED Attending Phys. Stoff M.D. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type

24A. BURIAL CREMATION, REMOVAL (Specify)

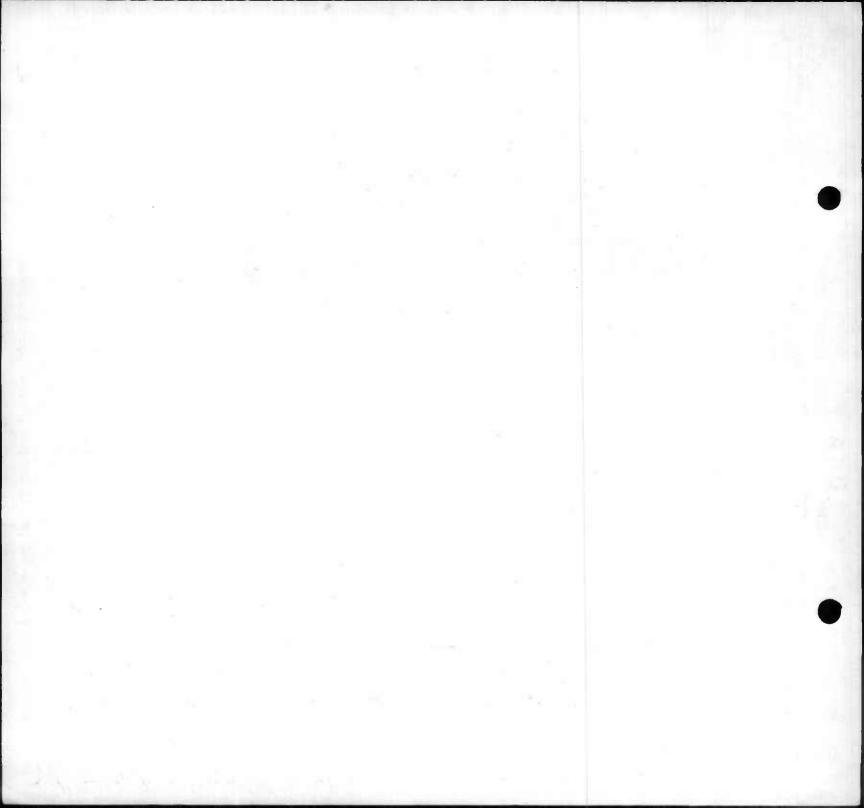
24C, NAME of CEMETERY of CREMATORY

66 V CM RUG 25B. NAME OF REGISTRAN

FUNERAL DIRECTOR

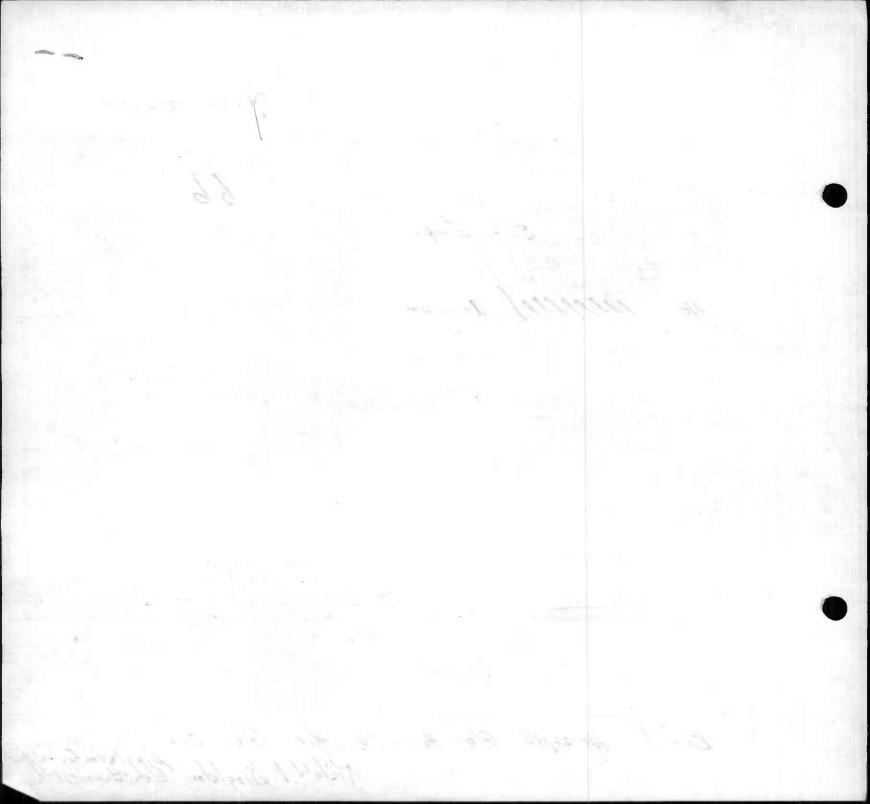
25A. DATE REC'D BY HEALTH DEPT.

APR 21 1966 P. VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. of death of death Deceased ce on the M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND, HOUR OF DEATH (Type or Print) hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STAJE B. COUNTY pefore odmission) ance (2) cause (If not in hospital or institution, give street ne run FULL NAME OF O HOSPITAL OR oddress of location) (If outside city limits, write RURAL and give C. CITY attend fownship Undetermined cause; INSTITUTION 0 O prior D. STREET ADDRESS (If rural, give location) contributing occurred made. regular 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. 6. RACE 9. AGE IN deceased WIDOWED, DIVORCED (specily) Hours 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF disposition death WHAT COUNTRY? done during most of working life, even il retired) = 10 Tavern owner SID the 13. FATHER'S NAME MOTHER'S MAIDEN NAME direct <u>4</u> 3 assistant if BOLTON 0 death kind; Was Deceased Ever in U. S. Armed Forces 7. INFORMAN 6. SOCIAL SECURITY NO. ADDRESS final Yes, no or unknown) III yes, give attendance nanown any CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 his ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Also, embalmed of LEADING TO DEATH OF fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, chief medical examiner examiner. regular Tateral Preumon injury or camplication which caused death,) who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if any, la the abave cause (A) stating the 3 physician UNDERLYING CONDITION last. before the remains medical Was burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Body the O WAS PERFORMED 67 the 3 Ū 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout/21C. WHERE DID home, lorm, loctory, street, office bldg./ INJURY OCCUR? (II in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF to the hospital ° MEDICAL DEATH (notily medical examiner) nature; 6 obtained 21 D. TIME (Month) IDov) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except Not While While At (APPROX.) and Work At Work any 22. I certify that (1) (this hospital) attended the degegsed from pe that (I) (we) lost sow the deceased alive on ond that in (my) (our) opinion death occurred on the date of death) hospital and hour and from the causes stated above. (1) (We) (dld) (did not) view the body after death. released must accident 23A/SIGNATURE must 238. DATE SIGNED Attending Phys. Med. Stoff Phys. 10 Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate MOS at NAME IType An 4 O.A. 24A. BURIAL CREMATION. 24B. DATE eceased 24D. LOCATION (Stote) the body REMOVAL (Specily) written shows: Ö DUFTIO 25C. FUNERAL DIRECTOR En SID 258. NAME OF REGISTRAR 25A. DATE HEALTH DEPT. ō VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

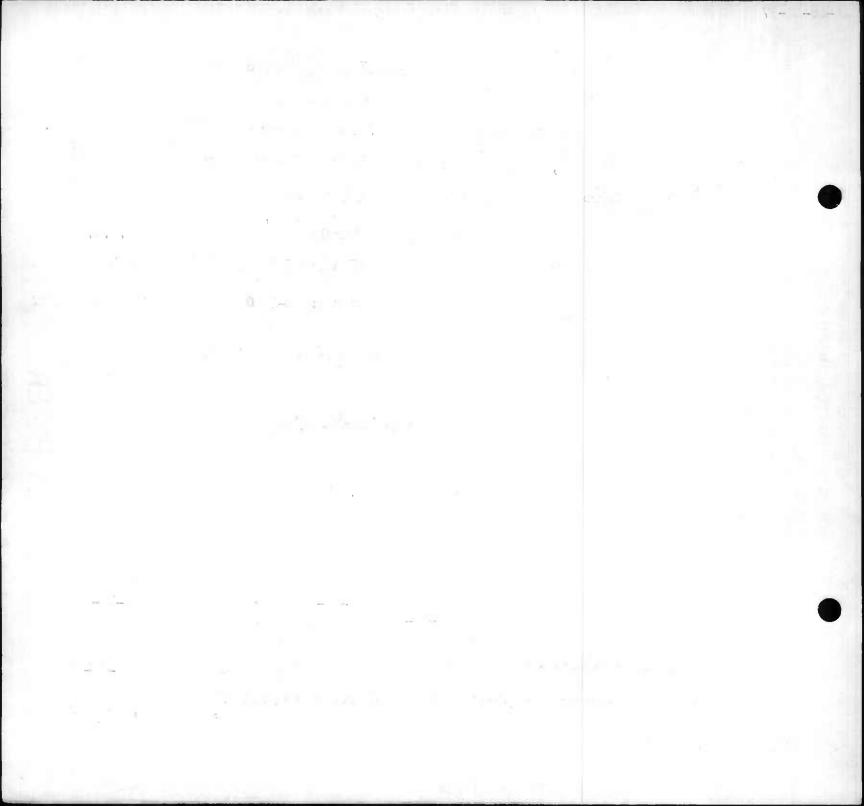
The series of th

THE WAS A STREET OF

Janes Howard Steel Ele Hall March Hall Ele Ele

Registered No.66 11406 4. USUAL RESIDENCE (Where decessed lived, If institution: residence before edmission)
A. STATE

B. COUNTY (If eutside city limits, write RURAL end give tewnship) If Under 1 Yr. If Under 24 Hrs. Doys 12. CITIZEN OF WHAT COUNTRY? U.S.A. TIME JOHN ADDRESS 21224 Eastern Avenue INTERVAL BETWEEN ONSET AND DEATH 20 A. AUTOPSY? (Yes or Ne) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Beltimere City, give exect lecetion) 23 B. DATE SIGNED 4-16-66 Avenue, Baltimore, Maryland 66 Baltimore City Hospitals Baltimore, Maryland 21
258. NAME OF REGISTRAR 250. FUNERAL DIRECTOR

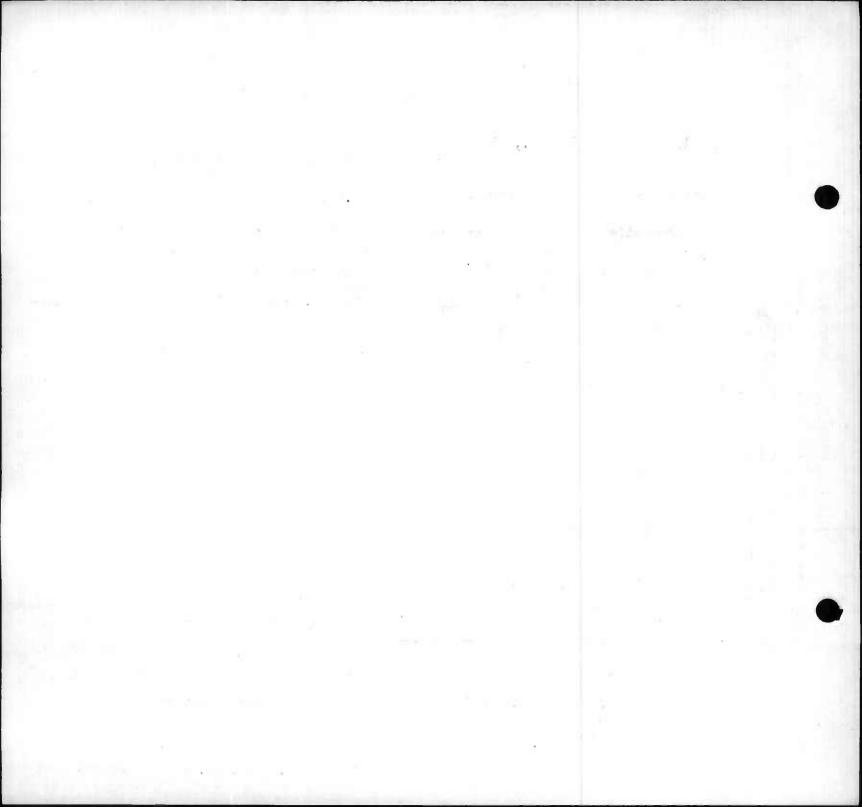


66 04062

BALTIMORE CITY HEALTH DEPARTMENT

Registered	No.	040	64

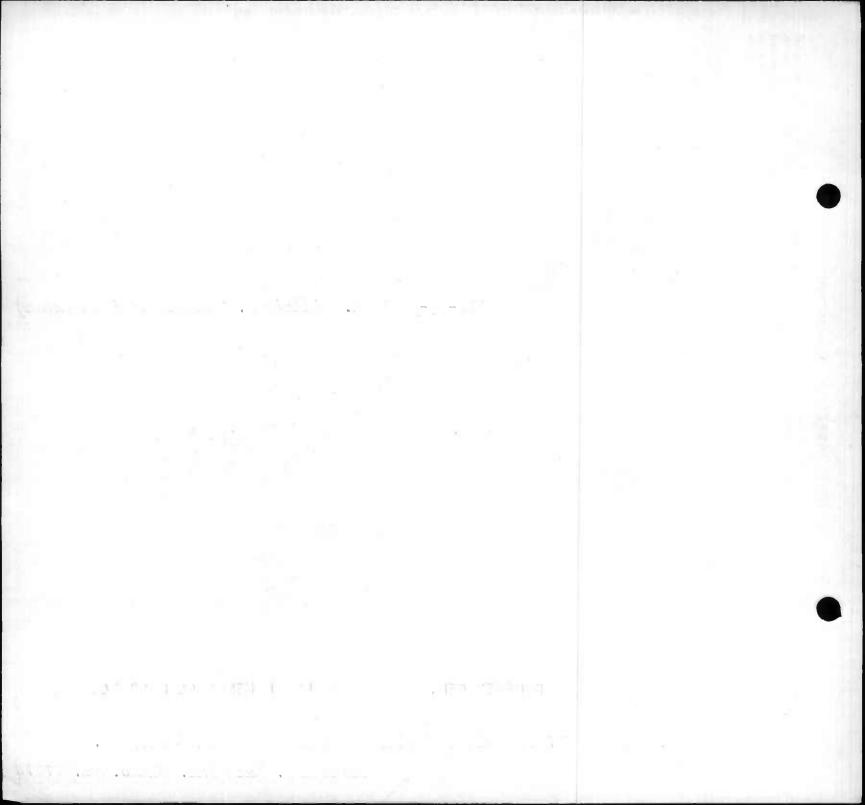
NRTH NO.	00 ()	4062 CERTIFICA	ATE OF DEATH Registered No.	
NAME OF DEC	ELLA	N. HAND	2. date and hour of death April 18, 1966	0 / e M.
FULL NAME OF HOSPITAL OR	OF (If not in hospitot of oddress or location	or institution, give street	A. STATE B. COUNTY, None Maryland	7-03
INSTITUTION			C. CITY OR TOWN (If outside city limits, write Baltimore	RURAL and give township)
O ATL OUR	estnut Hill Av	ve., #10	917 Chestnut Hill Avenu	
female	white	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	Nov. 28, 1885 9. AGE (In years lost birthday) 80	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
lone during most of	UPATION (Give kind of work working life, even if retired) WLIC	Own Home	Baltimore, Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAME	
	rles Steinbac		Mary MacGarry	
5. Was Deceased Yes, no or unknown No	Ever in U. S. Armed Far (If yes, give wor or date	s of service) 16. SOCIAL SECURITY NO. None	Frank B. Hand 917 Ches	tnut Hill Avenue-1
(This daes heart failure, injury ar car	SE OR CONDITION DIR LEADING TO DEATH at mean line made af asthenia, etc. It means application which caused ANTECEDENT CAUSES OR CONDITIONS, if the above cause (A) G CONDITION last.	dying, e.g., the disease, death.) (B) DUE TO	rebial thrombosis	
TO THE D	IFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING 1 F OPERATION 198, CON WAS PERI	TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED LUSES OF DEATH?
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltima office bidg., INJURY OCCUR?	re City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Day) (Year)	(Hour) 21E. INJURY OCCURRED While At Not Who		Î o
		of alive on	19 6 ond that in (my) (our) op	imon death accurred an the do
	/)	red obove. (1) (We) (did) (did not)	view the body after deoth.	
28A. SIGNATI	l-11.	usting M.D. A	Med. Stoff Phys.	4/19/66
NAME (Type) Dr. Willia	m H. Fusting M.D	4230 Loch Raven Boulevan	rd
REMOVAL burial cre	(Specify) 248. DATE 4/22/6	6. Parkwood Cemet		ity, town, or countyl (State)
	R 21 1966	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR Leonard J. Ruck, Inc	ADDRESS
S 150-REV. 1/1/	/65			



1	66 04063 BALTIMORE CITY HEALTH DEPARTMENT 55 04063
٠.	BIRTH NO. CERTIFICATE OF DEATH Registered No.
5	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR/OF, DEATH
S	(Type or Print) KERSCHENSTEINER THERESA 4/17/66 8:30 P. M.
ath.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
9	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or tocotion) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
0	211 TIMBLE 31206
07	4 (INION MEMORIAL HOSPITAL D. STREET ADDRESS (II rurol, give location)
9	4604 EUGENE AVE
eceased on is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) ALCIE 1) 8. DATE OF BIRTH 2/12/86 9. AGE (In yeors lost birthday) 8. Months: Days Hours Min,
cec n is	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
- O	HOUSE WIFE GERMANY AMERICAN
the	13. FATHER'S NAME
-	JOHN MERZBAUHER GERTRUDE CIDIC
0_	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or/unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.
nce	NO 220-44-5972 Mr. Willaim P. Kerschensteiner (same)
or	18. 5 5 . 1 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
attendance med or fina	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) CARCINDMA OF GALL BLADER 5 WEEKS
900	Critis aloes not filed the filede of dying, e.g.,
lar	heoit foilule, osthenio, etc. II meons the disease, injuly of complication which coused death.) ANTECEDENT CAUSES (8)
gul	ANTECEDENT CAUSES (8) DUE TO
are	DISEASES OR CONDITIONS, if ony, giving use to the obove couse (A) stoling the (C)
- 10	UNDERLYING CONDITION lost.
was	
ren	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
physician fore the re	U 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 1204 AUTOBOVE (Ves of Not) 208 IE VEC WERE EINDINGS CONSIDERED
re i	TISTED INCLESING SHOULE 9(E)
No ph befor	21A. ACCIDENT/WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or about 21C. (WHERE DID INJURY OCCUR? etc.) 21B. PLACE OF INJURY (e.g., in or about 21C. (WHERE DID INJURY OCCUR? etc.)
_ 0	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
3,5	While At Not While At Work At Work
ando	22. I certify that 16) (this hospital) attended the deceased from AMI 2 19 06 to AMI 19 66,
	that (1) (we) lost sow the deceased alive an
eath); ust be	and hour and from the couses stoted obove. (1) (We) (dld) (did not) view the bady ofter death.
70 5	23A. SIGNATURE 23B. DATE SIGNED
우금	M.D. Attending Med. Director Phys. X 4/7/66.
OV	23C. PHYSICIAN'S GODFREY GEH, 23D. APPRESS UNION MEMORIAL HOSPITAL
prior to	24A. BURIAL CREMATION, 124B. DATE / 124C, NAME of CEMETERY OF CREMATORY 124D, LOCATION (City, lown, by county) (Stote)
sed n	REMOVAL (Specify)
deceased prior written approv	Burial 4/21/66 Dulaney Valley (emetery Baltimore, Md.
dec	APR 21 1966 Role & REGISTRAR Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65

L'eonard J. Ruck Inc. Balto. Md. 21214



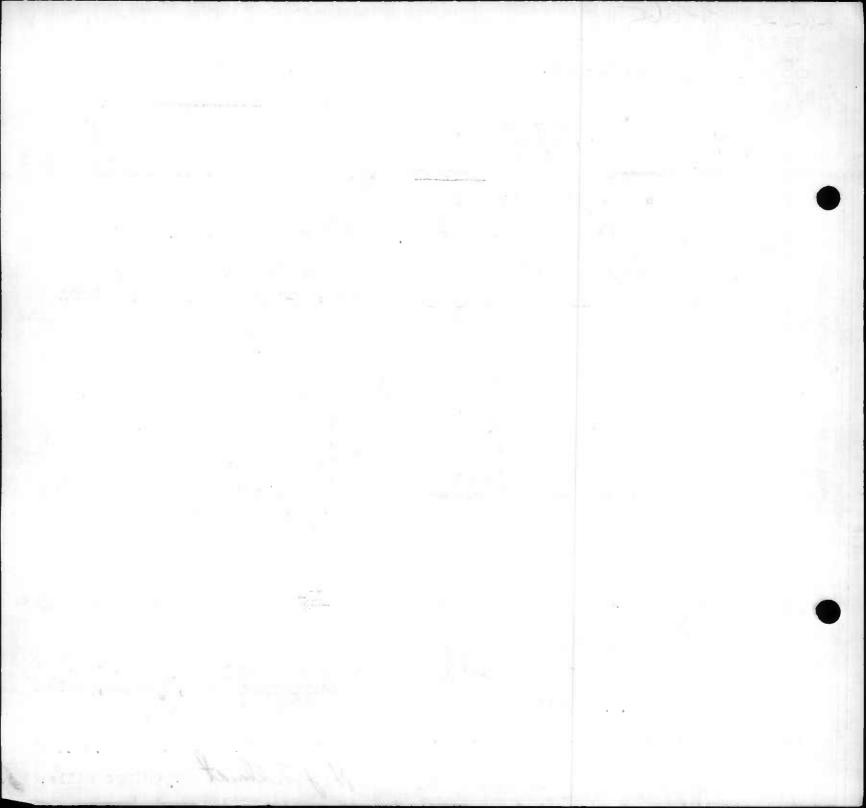
SAB-46-41-81

BALTI	MORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 14064 CER	TIFICATE OF DEATH Registered No. 6 134064
M.E. CASE NO.	2, DATE AND HOUR OF DEATH
(Type or Print) MORGAN E. STORMS	4-18-66 18 A M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
HOSPITAL OR anddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Baltimore, Maryland 21224	BALTO.
PAID Caty HOSP	D. STREET ADDRESS (If rurol, give location)
Dario	1718 St. Paun Street. 21202
5. SEX Ale 6. RACE 7. MARRIED, HEVER WIDOWED, DIVORCED DIVORCED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS O	R INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if relired)	WHAT COUNTRY?
CONDUCTOR PANSIT	Co. DELL'IMOPE COUNTY, Md. USA.
	3
HENRY Levi Storms	MARY Louise Bartell
15. Was Deceased Ever in U. S. Armed Forces? (Yes, ng.or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURIT	NO. 1. Records: BCH-4940 Eastern Avenue 21224
No 213-10-	2664 CHART
18.4 2.11+260x	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Ca -1: - 1/1 P. 1 - 1
(This does not mean the mode of dying, e.g.,	(a) Congestive At. failure 1 mo, =
heart lailure, asthenia, etc. It means the disease,	1 - 1 - 1
ANTECEDENT CAUSES	ASCUD 5 yr.
DISEASES OR CONDITIONS, if any, giving	DUE TO
rise to the above cause (A) stating the	(C)
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
OF THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Kenal Dis O Cosity Diabotes Melletus.
	ATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER.	4es IN CERTIFIED CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF II	NJURY (e.g., in or about 21 C. WHERE DID ory, street, office bldg., INJURY OCCUR?
DEATH (notify medical examiner)	
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OC	CURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At	Not While At Work
22. I certify that W (this hospital) attended the deceased	
that HT (we) last sow the deceased alive on 4	15 19 66 and that in (mgr) (aur) apinlan death occurred on the date
ond haur and from the causes stoted obave. (1) (We) (dld)	
23A. SIGNATURE	238. DATE SIGNED
12 Roudall	M.D. Attending Med. Director Phys. 4-18-66
23C.PHYSICIAN'S	23D. ADDK 940 Eastern Avenue, Baltimore, Maryland
J.F. Randall	M.D. Salto Cety Hom?
	ETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stole)
REMOVAL (Specify)	
Burial 4/21/66 Druid Ri	dge Cemetery Pikesville, Balto.Co.,Md

APR 21 1966 P. D., FT & Fre. VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR

Owings Mills, Md



	IRTH NO. 4065 MED	BALTIMORE CITY HEAD		OF DEATH Registe	6 14065
- 11	M.E. CASE NO.	ICAL EXAMINER O C	EKTII IÇATE (or bearing.	
1 -	NAME OF DECEASED		2 DA	TE AND HOUR PRONOUNC	FD DFAD
	Type or Print) WILLIA	AM E. PR		April 17, 1966	9:30 A
3	PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD		Where decoased lived. If inst	titution: residence before admission
	ULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	Marylan		altimore
111	OSPITAL OR ADDRESS OR LOCA		C. CITY OR TOWN (I	f outside corporate limits, write	e RURAL ond give township)
			Owings D. STREET ADDRESS	Mills	63700
1	Union Memorial Ho	ospital		Reisterstown Ro	ad
6	. SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In yours	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.
	Male White	Never Married		1937 29	Williams Doys i Hours Will.
	OA, USUAL OCCUPATION (Give kind of wor one during most of working life, even if retired)		4		12. CITIZEN OF WHAT COUNTRY?
1	Teletype Operator	Md.State Police	Abingdon,		U.S.A.
	Robert Lee Pruitt			B. Phillips	
	5. WAS DECEASED EVER IN U.S. ARMET		17. INFORMANT	~	8 Reistersto
	National Guard 19		Robert L.	Decreed date	gs Mills.Md.
	18.		OF DEATH	OWILL	INTERVAL BETWEEN
	DISEASE OR CONDITION D				ONSET AND DEATH
	(This does not meen the mode of	(A) ALLEI	iosclerotic	Heart Disease.	00 00 00 00 00 00 00 00 00 00 00 00 0
	heart failure, asthenia, otc. It means injury or complication which coused	s the disease.			
	ANTECENDENT CAUS	ES			
	DISEASES OR CONDITIONS, IF A	ANY, GIVING (8)		***************************************	
	UNDERLYING CONDITION LAST.				
	<u> </u>	(C)			***************************************
	OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 194, DATE OF OPERATION 198, CON	ELATED TO THE			
	19A. DATE OF OPERATION 198. CON		20A. AUTOPSY? (Yes	or No. 208, IF YES, WERE FI	
			Yes	IN CERTIFYING CAU	Yes
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE office bldg., INJURY OCC	DID (If in Boltimore City, gi UR?	ve exact location)
	21D TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)	WHILE AT NOT	WHILE	D INJURY OCCUR?	
	22.	m. WORK LATW			
	i certify that I held an			an this basis, death in r	
	resulted fram: Natural ca	Accident Suicid		Undetermined mann	er 🔛
	ACTUAL /			AL EXAMINER	DATE SIGNED
	SIGNATURE	actus 1 cmg M.D.	ASSISTANT MEDIC		4/17/66
	EXAMINER'S NAME (Type) Charles	S. Petty, M.D.	ASSOCIATE MEDIC	AL EXAMINER	XI TO VINCE
	3A. BURIAL CREMATION, 238. DATE	23C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City	, town, or county) (Stote)
	Burial 4/20	,		Finksburg,	
1	44A. DATE REC'D BY HEALTH DEPT,	248, NAME OF REGISTRAR	24C. FUNERAL DI	RECTOR	ADDRESS

1966 R.C. A. E. Farbayma AFK 21 VS 151-REV. 1/1/65

Owings Milb, Md.

Statement of the Paris of Management of Statement of the Paris of the STATE OF THE PARTY . The last third in tenden negratives Shares the said the Sealer of the season of the se Tr. 11.384 THE RESERVENCE OF THE PARTY OF

BIRTH NO.	4.166	TE OF DEATH Registered No.	66 04066
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) PHILLIP	P CAPLAN	2. DATE AND HOUR OF DEATH	7:10 A.A
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF HOSPITAL OR INSTITUTION SINAL HOSPI		4. USUAL RESIDENCE (Where deceosed lived, If in a STATE 8. COUNTY MHRHAL AND C. CITY OR TOWN (If outside city limits, write BALTIMORE) D. STREET ADDRESS (If rural, give location) 6938 BROOKMILE	RURAL and give tawnship)
5. SEX 6. RACE MALE WHITE 10A, USUAL OCCUPATION (Give kind of wor	WIDOWED, DIVORCED (specify) MARRIFD	B. DATE OF BIRTH 9. AGE (In years 57	H Under 1 Yr. H Under 24 Hrs. Months Doys Hours Min.
done during most al working lite, even if retired) ROUTE SUPERVISOR		BALTIMORE, MD.	12. CITIZEN OF WHAT COUNTRY?
LOUIS CAPLAN		14. MOTHER'S MAIDEN NAME ROSE ?	
15. Was Deceased Ever in U. S. Armed Fo (Yes, no or unknawn) (If yas, giva war ar date	os of sarvica) 1 6. SOCIAL SECURITY NO.	MRS. RUTH CAPLAN 6938 BR	ADDRESS
(This does not meen the mode of heart failure, asthenia, etc. It means injury ar camplicotian which coused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT RELADISEASE OR CONDITION CAUSING 19A-DATE OF OPERATION 198. COMMAS PER	ony, giving sloling lhe (C) CONTRIBUTING ATED TO THE IT.	enal Jachere mulstiel - Wilco abetis Meditus 20A. AUTOPSY? (Yes or 10) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
WAS PER U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical exomine)	-	a or obaut 21 C. WHERE DID (If in Baltima	re City, give exact location)
21D-TIME (Manth) (Day) (Year) OF INJURY (APPROX.)			
that (I) we last saw the decease	ed alive an April 9 ted above. (1) (We) (did) (did not) v Yell & M.D. Atta Phys	iew the bady ofter deoth. Med. Director Phys.	inlan death accurred an the do
GERARDO A- 24A. BURIAL CREMATION, REMOVAL (Specify) BURIAL 4/20/66	24C. NAME OF CEMETERY OF CRE HEBREW YOUNG MEN	BALTIMORE, MA	
25A. DATE REC'D BY HEALTH DEPT. APR 21 1966 (1) VS 150-REV. 1/1/65	258. NAME OF REGISTRAR	SOL LEVINSON & BROS. INC.	.6010 REISTERSTOWN

PH COLUMN at a copy-sign March Land BURNALES 51441 NOSAITAG CASE BECOMMERCE DE FOR BH4711112 6 SOUTHWEST MERITAGE TOWN COLD STON The transfer of the comment of the c Pensk Julius Kimmedital William Rames Direction, Medicine Ters perares " you for GERBERO A YOUR IR. EINEN HUSPITAL Approved Table 11 State 1 Stat

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

V\$ 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	CEASED	1067		2. DA	TE AND HOUR	OF DEATH	3 1913	57-40	
Type or Print)	RIBACK		BRRY	E	bril	19	13661	11	QM
FULL NAME (oddiess or location	or institution, give s		4. USUAL RESIDENCE A. STATE B. MARY LAND C. CITY OR TOWN	COUNTY		00).	mission)
LEVIN	DALE, HEB	REW H	OME	BALTIMORE			onza ono givo	To strain pr	
AND	INFIRM	BRY-		D. STREET ADDRESS 1721EAST	BALTIMOR		ET		
MA LE	6. RACE WHITE	WID	ORCED (specify)	8. DATE OF BIRTH	9. AGE (In lost birthdo	y)	If Under 1 Yi. Months Doys	Hours	24 Hrs. Min.
one during most of	UPATION (Give kind of worl working life, even if retired) CCHANT	RETA		POLAND	or foreign country)	12. CITIZEN O WHAT CO		
3. FATHER'S NA	ME	C RIBACK		14. MOTHER'S MAIDE		RAH	?		
5. Was Deceased Yes, no or unknow NO	d Ever in U. S. Armed For n) (If yes, give wor or dote	es of service)	ocial ecurity nd. 2-24-9011	MRS. MINNIE	MORDES	3635 (ADD GLENGY LE		APT
(This daes	SE OR CONDITION DIL LEADING TO DEATH nat mean the made of asthenia, etc. It means mplication which coused ANTECEDENT CAUSES	dying, e.g., the diseose, deoth.)	(A) DUE TO	Procumor	ie w	Vizze		dau	Y)
UNDERLYIN OTHER SIGN TO THE	OR CONDITIONS, if ne obave couse (A) G CONDITION lost. IIIFICANT CONDITIONS COEATH BUT NOT RELACTION CONDITION CAUSING	stating the	ASCV 1	c Vulnon.	disease				
	F OPERATION 198. CON WAS PER		OPERATION	20Å. AUTOPSY? (Yes		YES, WERE F	INDINGS CON	SIDERED 1?	
OC .	NT WAS UNDERLYING	home, to	E OF INJURY (e.g., i	n or obout 21 C. WHERE	DID (I U R?	(in Boltimore	City, give exoc	t locotion)	
OR CONTRIB	UTING CAUSE OF y medical examinei)	etc.)		(fice bldg., INJURY OCC					
OR CONTRIB DEATH (notif) 21D. TIME OF INJURY (APPROX.)	y medical examines) (Manth) (Day) (Year)	(Hour) 21E, INJU While At Work	RY OCCURRED Not While At Work	21F. HOW DI	D INJURY OCC		. A		_
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (wg	y medical exemines) (Month) (Doy) (Year) y that (Y) (this hospito) last sow the decess	(Hour) 21E, INJU While At Work 1) ottended the de	Not While At Work	21F. HOW DI	D INJURY OCC	10 AV	non death acc	19	66 the dot
OR CONTRIB DEATH (notif 21D. TIME 21D. TIME (APPROX.) 22. I certify that (I) (wg) and hour or 23A. SIGNAT	y medical exemines) (Manth) (Day) (Year) y that (M) (this hospito) last sow the decease ad from the couses sto	(Hour) 21E, INJU While At Work 1) ottended the de	Not While At Work Ceased from (did) (did) (did not)	21F. HOW DI	1966	to Apo (out) opin	238. DATE SIGN	NED	the do
OR CONTRIB DEATH (notif 21D. TIME 21D. TIME (APPROX.) 22. I certify that (I) (wg and hour or 23A. SIGNAT 23C. PHYSICI NAME (y medical exemines) (Manth) (Day) (Year) y that (N) (this hospito) last sow the decease and from the couses sto URE RUTH EMATION, 1248, DATE	(Hour) 21E INJU While At Work I) ottended the de ed olive on	Not While At Work Coased from (did) (did not)	21F. HOW DI	1966	to Ap	238. DATE SIGN	NED 19-6	the do
OR CONTRIB DEATH (notif 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (was ond hour or 23A. SIGNAT 23C. PHYStci NAME (y medical examinei) (Manth) (Day) (Year) y that (M) (this hospito) last sow the decease and from the couses sto URE AN'S Type) RUTH EMATION, 248, DATE (Specify)	(Hour) 21E INJU While At Work I) ottended the de ed olive on ted obove. (I) (We will be a compared to the com	Not While At Work Coased from (did) (did) (did) (Ald M.D. Att. Phy	21F. HOW DI	1966	to Ap	238. DATE SIGN	NED 19-6	6

(). ()

	162
1	Sed to
	as dis
	- 00 -
6	the Dort
	SS (2)
	T S D D
	2 0 0 C 0
	in and in
	P.E.O.P.E.
	a a a
	Darie De Marie
	or or or or or or or or or or or or or o
	The contract of the contract o
	d d
	P + D 0 0 0
-	# 64 × + q
Z	4.4.4.2.2
A	al al
2	Sist A P Fift
0	De de de
9	his den
3	Als
• •	7.30 18
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred in a hospital and of the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased (except where the physician who pronounced death was in regular attendance on the ; and (6) No physician was in regular attendance on the eobtained before the remains are embalmed or final disposition is made.
9	e go
2	A A P
8	S S S S S S S S S S S S S S S S S S S
=	in s
3	dico ico ico sico sico na ma
A	ed bed hy
X	FYGGO
Z	hie he he
5	P + Y e
LL.	4 - 2 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -
	P = 9 4 Z 9
	Sp to
	hod hod
	or × ×
	pp + + + + + + + + + + + + + + + + + +
	be of a
	be ed
	de de de
	The Pole
	1 a a
	An an
	# 524 4
	T. C. O. S. C.
	Ws Ws
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	F = 2 3 0 3

			BALTIMORE CITY	HEALTH DEPARTM	IENT	
BIRTH NO.	66 040	168	CERTIFICA	TE OF DEA	TH Registered No	.66 04068
M.E. CASE NO.					ATE AND HOUR OF DEAT	Н
(Type or Print)	LOUIS J.	NEUBUR	RGER		APRIL 19, 1966	10:10 A M
B. PLACE OF DE	EATH IN BALTIMORE, MA			14. USUAL RESIDENC	CE (Where deceased lived, If	institution: residence before admission)
FULL NAME	OF (If not in hospital	or institution	auvo shoot	MARYLAND		12/10/
HOSPITAL OR	oddress or locotio		9110		(If outside city limits, write	e RURAL and give township)
5				BALTIMORE		53-00
2	SINAI HOSP	ITAL		O. STREET ADDRESS		
					IN HILL ROAD	
MALE	6. RACE WHITE	WIDOWE	MARRIED MARRIED	8/20/1925	9. AGE (In years lost birthday) 40	If Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
	CUPATION (Give kind of world working life, even it retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote	o or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	IAGER	CATER	ING COMPANY	BAITTM	MORE, MARYLAND	USA
3. FATHER'S NA	ME			14. MOTHER'S MAID	DEN NAME	usa.
JA	COB NEUBURGER			REBEC	CCA ASCHER	
5. Wos Decease	d Ever in U. S. Armed For	cos?	16. SOCIAL	17. INFORMANT		ADDRESS
YES	WW 2 ARMY	s or service	SECURITY NO.	MPS MADTIN	N NEUBURGER 6	107 00010 0711 0010
18. // -	20 /1		CAUSE O		N NEUBURGER 0	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DI	RECTLY	A	0	- 2 C	ONSET AND DEATH
	LEADING TO DEATH		(A)	CUTE L	ORONARY O	ChUSION - /2 hr
	nal mean the made af , asthenia, etc. It means		DUE TO		16-748 PP 16-5-7-7-9-9-8-7-7-7-8-6-8-8-8-8-8-8-8-8-8-8-8-8-8-8	
	mplication which caused					4.0
	ANTECEDENT CAUSES		OUE TO			
	OR CONDITIONS, if					
	he abave cause (A) IG CONDITION lost,	slaling line	(C)	· · · · · · · · · · · · · · · · · · ·		
	- II					
	DEATH BUT NOT RELA					
DISEASE OF	CONDITION CAUSING	IT.				
19A.DATE O	OF OPERATION 198. CON WAS PER		WHICH OPERATION	20A. AUTOPSY? (Y		E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIB	ENT WAS UNDERLYING	hon	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	fice bldg., INJURY OC	E DID (If in Boltim	ore City, give exact location)
U	fy medical examiner)	etc.				
OF INJURY	(Month) (Doy) (Year)		. INJURY OCCURRED		DID INJURY OCCUR?	
(APPROX)		Wo	ile At Not While	•		
22. I certif	y that (1) (this the pure	L) attended t	he deceased from /	-15	1964 10	7/19 1966
that (I) (we) last saw the decease	ed alive an	4/16	1966	and that In(my) (***) a	pinian death occurred on the date
			1) (We) (did) (did het) v			
23A SIGNAT		7/		·		23 B. DATE SIGNED
100	man K-	Kler	M.D. Atte	ending X Med.	or Stoff Phys.	APRIL 19, 1966
23C. PHYSICI	AN'S	R.	,	23 O. ADDRESS	· , , , , , ,	
NAME	DR. NORMAN	KLEIMA	N M.D.	3803	EDMONDSON AVEN	UE
4A. BURIAL CR	EMATION, 248. DATE	24C. N	AME OF CEMETERY OF CRE	MATORY	24D. LOCATION	City, town, or county) (State)
REMOVAL	(Specify)	HERI	REW FRIENDSHIP		BALTIMORE, I	
BUR	D BY HEALTH DEST.		OF REGISTRAR	SOL LEVIN	RESIDE & REAS TH	REISTERSTOWN ROAD
APR	2 1 1966 Office	10 5	Transit and	SOL LEATE	3010	REISTERSTOWN ROAD
VS 150-REV. 1/1	/65					

6-11.25

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MEDI MEDI	CAL EX	AMINER'S	CERTIFICAT	TE OF I	DEATH Registe	ered No.5 114069
M.E. CASE NO.		* + + * + + + + + + + + + + + + + + + +	3e		1		UP DEAD
1. NAME OF DE		ILLIAN)	73.6.3.3			D HOUR PRONOUNCE	
		L. GLICK				ril 18, 1966	
	TIMORE, MARYLAND, W			I A. STATE	laryland	B. COI	litution: residence before odmission UNTY
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET		VN (If outsid Baltimon		e RURAL ond give township)
9	909 W. Univ	versity	Parkway	D. STREET ADD			Pkwy. Apt. 12A
5. SEX Female	6. RACE White	WIDOWED, I	NEVER MARRIED DIVORCED (specify) R MARRIED	8/18/19	н	9. AGE (In years lost hirth	
DEPT OF M	UPATION (Give kind of work working life, even if retired) OTOR VEHICLES		OF MD	BOS	TON, MA	SS.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	AVID H. GLICK	MAN			L. GRE		
15. WAS DECEASI (Yes, no or unknown	ED EVER IN U.S. ARMED	FORCES?	SECURITY NO.	MR. MILT	ON D. G	GLICKMAN 27	12 GEARTNER ROAD
18. 64 11	5-7		CALL	SE OF DEATH			INTERVAL BETWEEN
DISEASES RISE TO TH UN DERLYI OTHER SIG	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST. III SNIFICANT CONDITIONS DEATH BUT NOT RE	ES ANY, GIVING TATING THE	(B) DUE TO (C)	apopiect	Te Hente	orrhage in c	er ene i Tum
F	F OPERATION 198, CON WAS PER	IDITION FOR	WHICH OPERATION		? (Yes or No)	IN CERTIFYING CAU	INDINGS CONSIDERED ISES OF DEATH?
UNDERLYING	AL CAUSE WAS OR CONTRIB- USE OF DEATH.	21 B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street,	g, in or about 21 C. V	WHERE DID	(If in Boltimore City, g	rive exoct location)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	TE. INJURY OCCURRED	T WHILE WORK	OW DID INJ	URY OCCUR?	
	TURE	Vises X A	accident Suic	ide Homici	de DICAL EX		
23A. BURIAL CRI REMOVAL (Special REMOVAL &	BURIAL 4/20	/66 Ti	EMPLE MISHKE	N TEFILA		DEADHAM, M	ASSACHUSETTS (Slote)
	1 1966 Rober	24B. NAME E. E.	OF REGISTRAR	24C. FUNER	AL DIRECTOR	usont	Bro- Fles
VS 151-REV. 1/1	/65			50	V KETS	TERSTOWN DO	10

1101/21/2 STREET STREET CONTRACTOR OF THE PARTY OF THE MUTTER W. FRICKING are, without by the courte of the advertise count Cat. M. Sandaras in the summer CITATION, DESIGNIESETES

1		4-116-			BALTIMORE CITY	HEALTH D	EPARTMENT		
ch.		TH NO.	() £ * ;	14070	CERTIFICA	TE OF	DEATH	Registered No.	15. 041170
Suc	1. N	AME OF DEC			-1		2. DATE A	NO HOUR OF DEATH	555
		- 1		SIEG	EL	II. IIII.	4/19/	1650	1 3 B M.
ath.	3. 1	PLACE OF DEA	TH IN BALTIMORE, MA	ARTLAND		A. STATE	B. COUI	NTY	astitution: residence before admission)
P		FULL NAME O	F (If not in hospital oddress or location		give street	C. CITY OR	LAND		RURAL ond give township)
0	1	NSTITUTION					IMORE	orside city limits, write	KUKAL ond give township)
prior	1)	BELVEDE	RE NURS	ING HOME	D. STREET	ADDRESS (If	rurol, give location)	
9	0	/	2525 W	BELVEDE	RE AVE			GERS AVENUE	
sed	5. \$		6. RACE	WIDOWE	D, DIVORCED (specify)	B. DATE OF	/1884	9, AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
eas is r		MALE DECL	WHITE	WIT	DOWED F BUSINESS OR INDUSTRY		,		12, CITIZEN OF
900		e during most of	working lile, even if retired)			III. DIRITIE			WHAT COUNTRY?
Sitie	13.	RETI		MEI	RCHANT	14 MOTHE	RUSSIA		USA
the decision			UNKNOWN			14	UNKNOW		
- D	15.		Ever in U. S. Armed Fo	rces?	1 6. SOCIAL	17. INFORM			ADDRESS
_	(Yes	s, no or unknown	(If yes, give wor or do	es of service)	SECURITY NO.			OF LATAR ME	
endance d or fina	-	NO	6 61		218-32-4069	MK. S	LVAN SIE	GEL 2105 WE.	ST PRATT STREET
enda d or		10	E OR CONDITION D	RECTLY					ONSET AND DEATH
atte			LEADING TO DEATH		(A) Cle	remor	na de	ground al	2915
L 0		heort loilure,	ol meon the mode o osthenia, etc. Il meon	s the diseose,	DUE TO		12 12		n 2915
u a			plication which couse ANTECEDENT CAUSE		(B) Cerl	exiscle	robic C.	Voescas	
100			OR CONDITIONS, if						000000000000000000000000000000000000000
in s		rise to the	obove cause (A)						
ain		ONDERLING	II						
≯E	Z		FICANT CONDITIONS						
ian e re	ATIO	DISEASE OR	EATH BUT NOT REL CONDITION CAUSING	IT.					
sic th	RTIFIC	19A. DATE OF	OPERATION 198. CO	NDITION FOR REPORMED	WHICH OPERATION	20 A. AU	NO	IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
do phy before	CER	21A. ACCIDEN	T WAS UNDERLYING	218	PLACE OF INJURY (e.g.,	in or about 21	C. WHERE DID	(If in Bo)timor	e City, give exoct locotion)
No	CAL		TING CAUSE OF medicol exominer	hor	ne, lorm, foctory, street, c	office bldg., IN	JURY OCCUR?		
77		21 D. TIME OF INJURY	(Month) (Doy) (Year	(Hour) 21 E	INJURY OCCURRED	21	- HOW DID IN	JURY OCCUR?	
d (6)	2	(APPROX.)			nile At Not Whi				
and		22. I certify	that (1) (this hospita	tl) ottended t	the deceased from	194	2-	19 to 14	119 1966.
);		that (I) (we)	last saw the deceas	ed alive an.	4/18	19 6	6 ond th	hot in (my) (ove) opi	nian death occurred an the date
ath st &		and hour one	from the couses st	oted obove. (I) (We) (did) (did not)	view the boo	dy ofter death.		
death); must be o		23A. SIGNATU		7/	\			21.13	23B. DATE SIGNED
0-			levard S.	/ Cal	ers M.D. All	ending	Med. Director	Shoff Phys.	4/19/66
TOY		23 E PHYSICIA NAME (T	Ballemon > Mel						
dd	244		MATION, 248. DATE		M.D. AME of CEMETERY or CR	430			ily, lown, or county) (State)
deceased prior to written approval		REMOVAL (Specify)	DU.	AI ISRAEL	- COLANI			
ced	25A	BURIAL	BY HEALTH DEPT.	00	OF BEGISTRAR	25C, FUI	DAL VERAL DIRECTO	TIMORE, MAR	ADDRESS
de ×		AFR	21 1966 (7)		. For Seu M.	SOL	LEVINSON	& BROS. INC.	6010 REISTERSTOWN R

VS 150-REV. 1/1/65

FALTRI incommend Sugarant - " " " 1 18 is in a second 4300 Loc (HEB) 18

IMPORTAN DIRECTOR: FUNERAL chief the

of death Deceased

contributing

5

Undetermined regular

hospital

Such

death.

0

prior

eceased

the

attendance

OL

5

=

MOS

physician

°Z

9 (except

pup any

eath) of

> prior to

0

who 0 10

physician

the 0

Where

medical

hospital

he body was D.O.

shows:

Body

death UO

of

uo

attendance

(2) COUSE

BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE RESIDENCE (Where deceased lived. Il institution: residence B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION MOSPITAI 0 D 5. SEX 7. MARRIED, NEVER MARRIED If Under 1 Tr. 6. RACE B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. BE lost birthdoy) WIDOWED, DIVORCED (specily) Months Hours OCCUPATION (Give kind of work 108, KIND OF BUSINESS, OR INDUSTRY 11. KANSAS CITY, MISS 12. CITIZEN OF WHAT COUNTRY? USA CITY, MISSOURI HANOVER SHIRT COMPANY disposition working life, even if retired) XXXXXXXXXXXXXXX ISAAC JACOB STERN LEAH ROSE IS, Was Deceased Ever in U. S. Armed Forces?
(Tas, no or unknown) (II yes, give wor or dates of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. 4013 ROSECREST NO CAUSE OF DEATH INTERVAL BETWEEN 10 0111 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH (This does not mean the made of dying, e.g. pq heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) E ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the the remains UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19 A. DATE OF OPERATION 19B. CONDITION FOR 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURT OCCUR? MEDICAL DEATH (notily medical extrained etc. brained 21 D. TIME OF INJURY (Doy) (Month) (Yeor) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURT OCCUR? While At Not While (APPROX.) At Work 22. I certify that (1) (this hospital attended the deceased from 0 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. M.D. Med. Stoff approval Director Phys. HTSICIAN'S NAME (Type) 23D. ADDRESS GEORG deceased written ap 24A. BURIAL CREMATION, 24B. DATE ROSEDALE. BOBROISKER BENEFICIAL CIRCLE MARYLAND BURIAL

SOLULEVIRSONORE BROS. INC. 6010 REISTERSTOWN RD

Constitution of the second of TOURS OF THE PROPERTY OF THE PARTY OF THE PA The recommendation and the second sec The Day 1950 Inc. THE PARTY OF THE P

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. S This certificate must be approved by the chief medical examiner or his assistant if death occurred in Also, if the direct or contributing IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a

written

4/21/66

Such

			HEALTH DEPARTMENT	()	Ch A CURVE		
	H NO. CASE NO.	14072 CERTIFICA	TE OF DEATH	Registered Na.	6 04072		
1. N	AME OF DECEASED BORNAK SH	HRLRY (SNYDER)	2. DATE AND	HOUR OF DEATH	530/AM		
3. P	LACE OF DEATH IN BALTIMORE MARY	LAND	4. USUAL RESIDENCE (Where A. STATE B. COUNTY		A CONTRACTOR OF THE PARTY OF TH		
H	OSPITAL OR oddress or locotion)	institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL on give township) BATT HOPE D. STREET ADDRESS (If rurol, give location) 3/17 BGNN/E COAL				
6	NSTITUTION						
81	NAI HOSPITAL OF BAL	TO, INC,					
5. \$	EMALE WHITE	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	1/20/28 105	38	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
done	USUAL OCCUPATION (Give kind of work 10 during most of working life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY		country)	12. CITIZEN OF WHAT COUNTRY?		
	OUSEWIFE FATHERS NAME	AT HOME	NEW YORK		USH		
	HYMAN I. SM	IYDER	SARA RUDOLPH				
15, V (Yes	Nas Deceased Ever in U. S. Armed Forces,	? 16. SOCIAL	17. INFORMANT ADDRESS				
	NO	SECORITY NO.	MR. FRANK SPEVAK 3117 BONNIE ROAD				
	(This does not mean the mode of dheart failure, asthemia, etc. It means the injury or complication which caused do	e disease,	han V	/ /	/ //		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION tast.	(B) OUE TO	ansurys	(do being	Many Jens		
ATION	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above couse (A) s	(B) DUE TO y, giving lating the (C)	ansurys	(of being	Many Jense		
ATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION tast. OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.	(B) DUE TO Y, giving Ialing The (C) NTRIBUTING D TO THE	[20 A. AUTOPSY? (Yes or No)]		NDINGS CONSIDERED SES OF DEATH?		
AL CERTIFICATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION tast. II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITIONS CONDITIONS CAUSING IT.	(B) DUE TO Y, giving Ialing The (C) NTRIBUTING D TO THE	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH? City, give exoct locotion)		
AEDICAL CERTIFICATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS COLD TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITIONS COLD TO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 198. CONDITIONS COLD TO THE DEATH CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	y, giving Jaling Ihe (C) NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	20A. AUTOPSY? (Yes or No) ; to or obout 21C. WHERE DID fice bldg., INJURY OCCUR?	20B. IF YES, WERE FIN N CERTIFYING CAUS	SES OF DEATH?		
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION to the condition of the death but not related disease or condition causing it. 19A. Date of operation 19B. Conditions of the death but not related disease or condition causing it. 19A. Date of operation 19B. Conditions of the death but not related disease. 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	y, giving Jaling Ihe (C) NTRIBUTING D TO THE TO THE 218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) While At Not While At Work Ottended the deceased from alive on	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID fice bldg., INJURY OCCUR? 21F. HOW DID INJUR	20B. IF YES, WERE FINN CERTIFYING CAUS (If in Boltimore () Y OCCUR?	City, give exoct locotion)		
MEDICAL CERTIFICATIO	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if on rise to the above cause (A) s UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS COLTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS COLTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS COLTO THE DISEASE OR CONDITION CAUSING IT. 19A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (APPROX.) 22. I certify that (1) (this hospital) of that (1) (we) last saw the deceased	y, giving lating line ODUE TO NTRIBUTING D TO THE TION FOR WHICH OPERATION RMED 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.) Hourh 21E. INJURY OCCURRED While At Work Ottended the deceased from alive on	20 A. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID fice bldg., INJURY OCCUR? 21 F. HOW DID INJUR 21 F. HOW did in the body after death.	20B. IF YES, WERE FIN CERTIFYING CAUS (If in Boltimore () Y OCCUR?	City, give exect locotion)		

BALTIMORE, MARYLAND 25B. NAME OF SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN 21 1966 APR VS 150-REV. 1/1/65

THE RESERVE AND ADDRESS OF THE PERSON AND AD

The mark the second of

IMPORTANT FUNERAL DIRECTOR:

Such the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased LO occurred in a hospital death. attendance 2 prior written approval must be obtained before the remains are embalmed or final disposition is made. regular deceased or his assistant if death E WOS the 0 death attendance A fracture of any pronounced Also, This certificate must be approved by the chief medical examiner examiner. in regular who ල the physician medical (2) Body burns; death); and (6) No physician was 0 the body was released to the hospital by (except where shows: (1) An accident of any nature; hospital deceased prior to was D.O.A. at a

	4 (271)	BALTIMORE CITY	HEALTH DEPARTMENT		
M.E	H NO. 66 04073	CERTIFICA	TE OF DEATH	Registered No	5 04073
	AME OF DECEASED TO OF Print) KO TOWISKI, And	rew	ch/1	HOUR OF DEATH	110 M.
3. 1	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE Where,	deceosed lived. If insti	tution: residence before offmission)
1	FULL NAME OF (If not in hospital or institution, give AOSPITAL OR address ar lacotion)		C. CITY OR TOWN (If outs)	hester S de city limits, write RU	RAL and give township)
1	North Charles Genera		D. STREET ADDRESS (IF TO	tol, give lacation)	land
- 4	2724 N. Charles St				1-03
5. S		DIVORCED (specify)		AGE (In years st birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BL	SINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
6.4	ong shore man Reti	red	Poland		4.5.A.
13.	FATHERS NAME		4. MOTHER'S MAIDEN NAM	E	
	James Kotowski		Marie-My	COSKI	
15. Yes	Was Deceased Ever in U. S. Armed Forces? s,na ar unknown) (If yes, give wor or dotes of service)	SECURITY NO.	17. INFORMANT	11	ADDRESS
)	ES WWI		MR. JOHN KOTOW	15K1 816	BROADVIEW BLVD.
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease,	CAUSE OF	melitis-	Enelphyse	INTERVAL BETWEEN ONSET AND DEATH
-	injury or complication which caused death.) ANTECEDENT CAUSES	(B)		0 0	MAANGE NAAA 0000000 AAA 800 AAA 900 0000 AAA 800 00000 AAA 800 0000 AA
	DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	(C)		0.000.000.000.000.000.000.000.000.000.000.0000	(
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT,				
ERTIFIC	198. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
AL C	21 A. A CCIDENT WAS UNDERLYING 21B. PL OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21 B. PL home, etc.)	ACE OF INJURY (e.g., in form, lactory, street, offi	ar about 21 C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	City, give exact lacation)
144	OF INJURY	JURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
×	(APPROX.) While Work	At Wark			- 1

22. I certify that (1) (this hospital) attended the deceased from that (I) (we) last sow the deceased olive an

and that In(my) (aur) apinion death accurred on the date states above. (1) (We) (did) (did not) view the body after deoth. and hour and fram 23A. SIGNATURE

Attending Phys. Med. Director M.D.

23D. ADDRESS

DAYE SIGNED Stoff Phy s.

23C. PHYSICIAN'S NAME (Type)

M.D.

24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION

(City, tawn, or caunty)

(State)

25B. NAME OF REGISTRAR HEALTH DEPT. REC'D

248. DATE

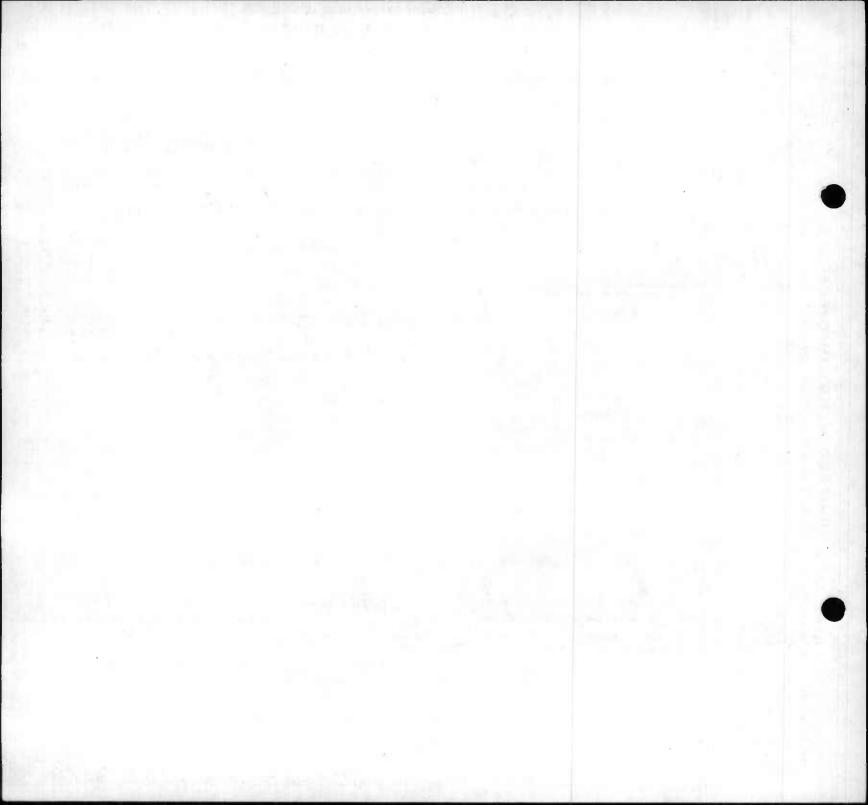
25C SUNERAL DIRECTOR

ADDRESS

APR 21 VS 150-REV. 1/1/65

24A. BURIAL CREMATION,

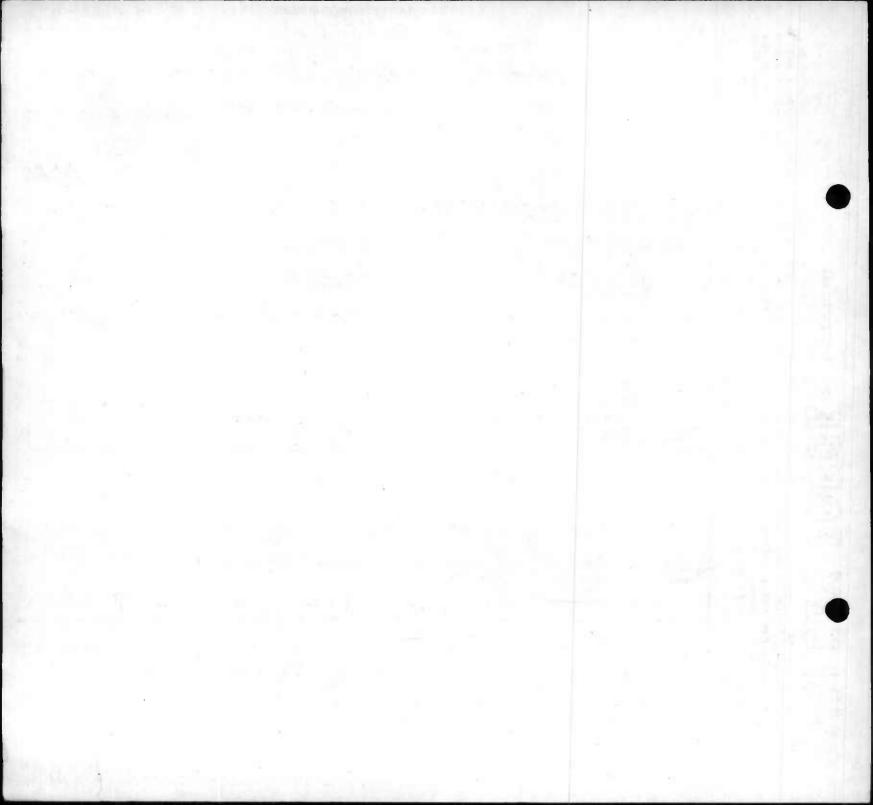
REMOVAL (Specify)



IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT	4
BIRTH NO. M.E. CASE NO. 66 (140)74 CERTIFICATE OF DEATH Registered N	66 04074
1. NAME OF DECEASED (Typo or Print) MARY FLORENCE HIMMELMAN + 17	66 ZZ5AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived) A. STATE B. COUNTY	If institution: residence before edmission)
INSTITUTION	ite RURAL ond give township)
816 S. CLINTON ST. BALTIMORE D. STREET ADDRESS (If rurol, give location) 816 S. CLINTO	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours WIDOWED, DIVORCED (apocity) 3-11-1890 76 YA.	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
100. 030AL OCCUPATION CONTROL OF BUSINESS OR INDUSTRI III. DIKINIEACE (31012 OF 101219)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) HOUSEWIFE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME LLIZABETH DUNN	U.S. A.
JOHN HENNIGAN ELIZABETH DUNN	IIGAN
13. Was Deceased Ever in U. 3. Armed Forces: 110. SOCIAL 11/. INFORMANT	ADDRESS
(Yos, no or unknown) (If yos, give wor or dolos of service) SECURITY NO. NO. MR. EARL HimmElm.	AN 7102 GOUGH ST.
CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(This does not meon the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or complication which coused death,)	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
ANTECEDENT CAUSES (B) (B)	4
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stoling the (C)	000 000 00 dahda a (
UNDERLYING CONDITION Iosi. OF THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WE WAS PERFORMED	
1994. DATE OF OPERATION 1988. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF Corm, foctory, street, office bldg., and or obout 21C. WHERE DID (If in Boffing DEATH (notify medical examiner)	more City, give exect location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Work 21 Work 21 Work	
	opinion death occurred on the date
	IOON DATE CLONED
ond hour and from the causes stated above. (1) (me) (did) (did not) view the body after death. 23A. SIGNATURE 23A. Dividing Med. Director Phys.	23B. DATE SIGNED 166.
23C. PHYSICIAN'S NAME (Type) A, FLAW (GAN JRM.D. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 23D. ADDRESS Phys. 24D. ADDRESS 24D. LOCATION	2 Baltmois 24
	(City, town, or county) (State)
BURIAL 4-20-1966 OAKLAWN CEMETERY BALTIMO 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAN 25G. EUNERAL DIRECTOR APR 21 1966 R.D. A. E. TUNERAL LOE EMANA FUNERAL	
APR 21 1966 Police E. Stanbergham 256. FUNERAL DIRECTOR HOFF MANN FUNERAL	L Home 3218 HUDSON



etermined cause; (5) Deceased contributing occurred regular death 10 (4) Und Was direct assistant if IMPORTANT death kind; any pronounced his Also, of fracture DIRECTOR: examiner examiner. physician who (3) chief medical medical burns; FUNERAL (2) Body the 0 the where to the hospital any nature; approved by (except

on the

death.

10

prior

deceased

the

0

attendance

regular

E

physician was

°N

9

and

death);

0

prior 40

eceased

õ

VS 150-REV, 1/1/65

a hospital

was D.O.A.

of

accident

An

shows:

was released

the body

certificate

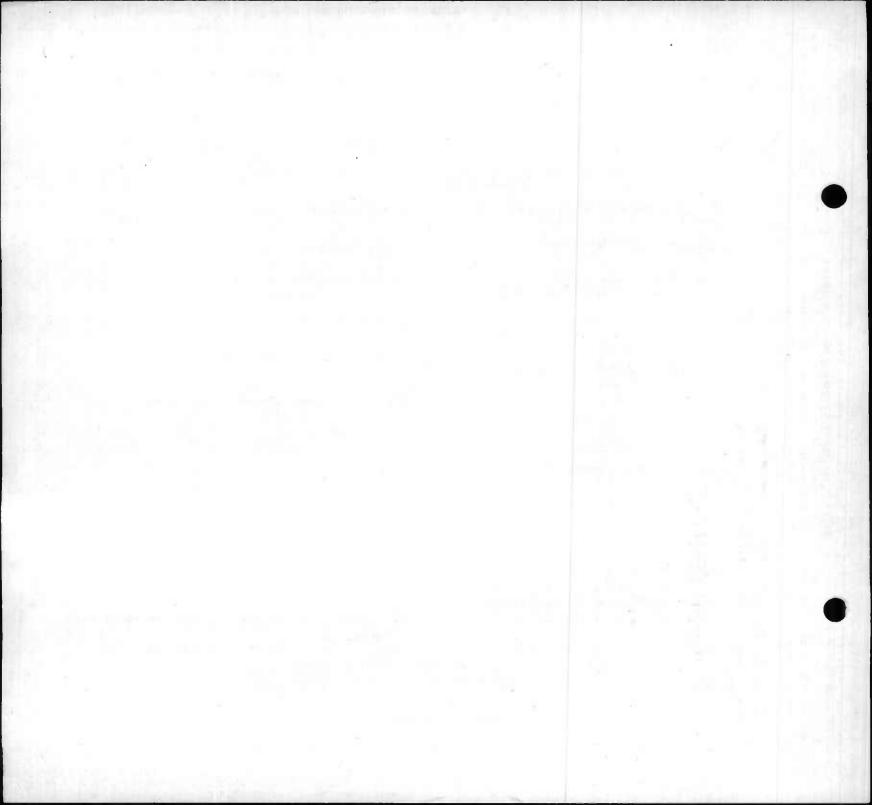
attendance COUSE

spital and of death

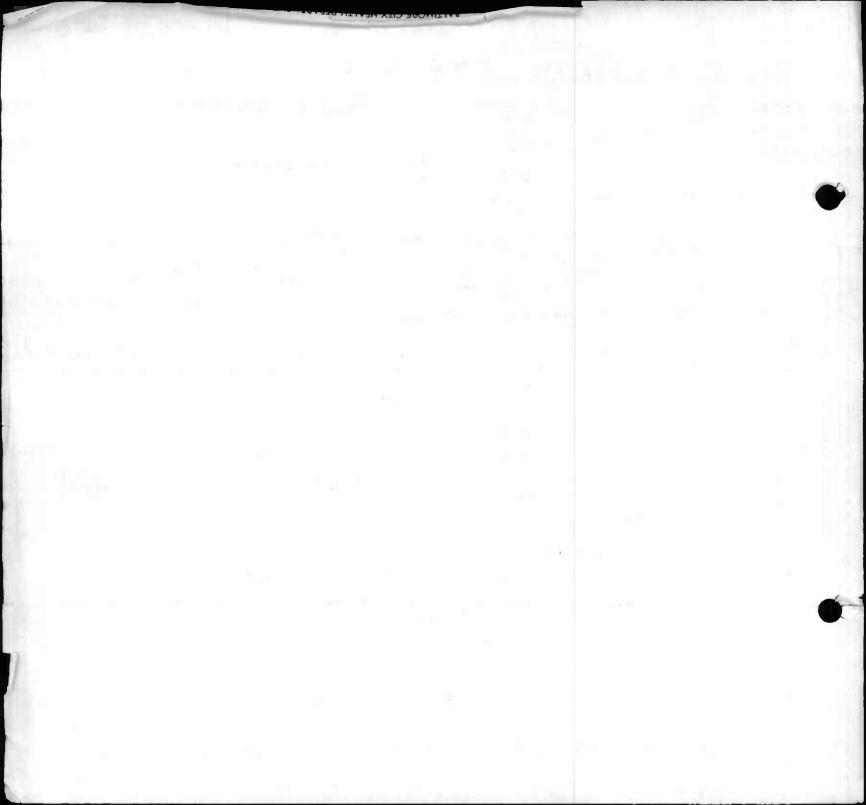
a hospital

Ë

BALTIMORE CITY HEALTH DEPARTMENT 66 44075 Registered National CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I, NAME OF DECEASED (Type or Print) DEATH IN BALTIMORE, MARYLAND 3. PLACE OF 4. USUAL RESIDENCE Where deceased fived, If institution: residence before admit sion) timore Maryland
OWN (If outside city limits, write AURAL and give township) CITY OR TOWN FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION Genera D. STREET ADDRESS (If rural, give location) Wood or final disposition is made. 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 6. RACE Hours WIDOWED, DIVORCED (specify) lost birthdoy) 8 PC Work 10B, KIND OF BUSINESS OR INDUSTRY IOA, USUAL OCCUPATION (Give kind of 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME Biemu largar Georg 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dotes of service) 17. INFORMANT 6. SOCIAL SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the before the remains UNDERLYING CONDITION last. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED Ü 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (Il in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) etc.) obtained 21 D. TIME (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Dov) (Year) OF INJURY While At Not While (APPROX.) Work At Work 22, I certify that (1) (this hospital) attended the deceased from pe and that Interf (aur) apinion death accurred on the date that (H) (we) last saw the deceased alive an and hour and from the causes stated above. (t) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Stalf Med. Director written approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) M.D. 24C. NAME of CEMETERY OF CREMATORY 24A. BURIAL CREMATION. 24D. LOGATION (City, town, or county) REMOVAL (Specify) 258 NAME OF REGISTRAR AKLAWN CEMETER 25A. DATE REC'D BY HEALTH, DEPT. 9 25C. EUNERAL DIRECTOR ADDRESS



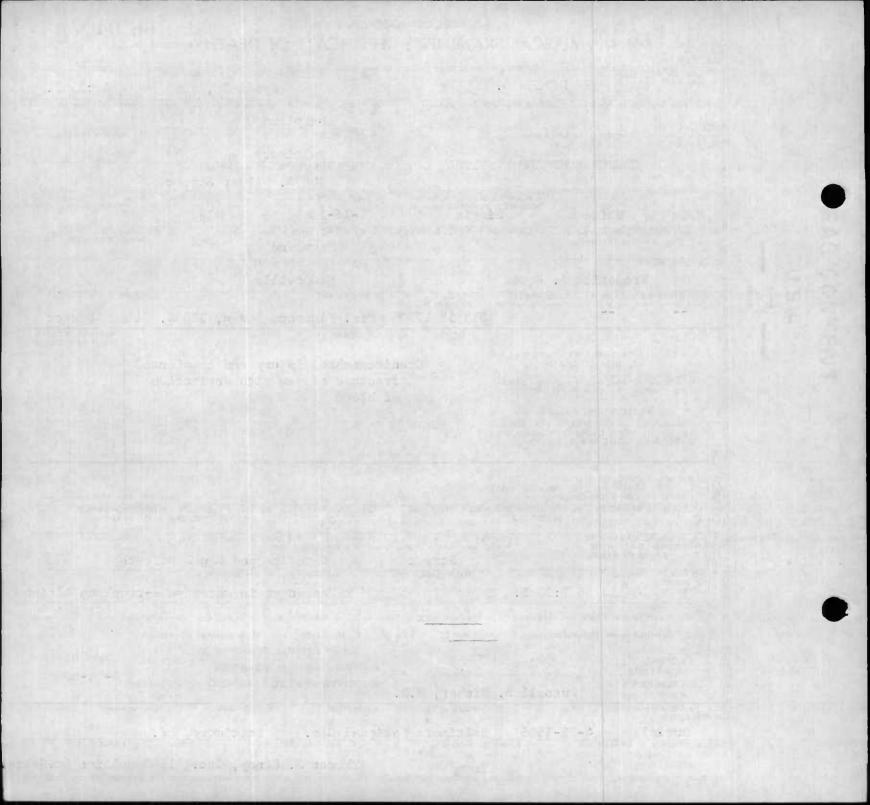
	66 04076	- BACHMONE CITY	THE TELEPAKIMENI	CR DARTE -
11-11	TH NO.	CERTIFICA	TE OF DEATH Registered	No. 16 114076
	E. CASE NO.			****
	Pe or Print) WALTERS	MARIE MA	BEh April 17, 19	66 8 AM.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived,	. If institution: residence before odmission)
- 11	FULL NAME OF (If not in hospital or institution, oddress or location) INSTITUTION	give street	Mary but BALTIMOR	write RURAL and give township)
1/	2 SINAI HOSP		D. STREET ADDRESS (If rurol, give location	n)
10			3322 Shelburne	Rt
5.		NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	tf Under 1 Yr. If Under 24 Hrs. Months; Doys Haurs; Min.
	P W Wil	DOWED (specify)	10/1/88 last birthdays	6
	A, USUAL OCCUPATION (Give kind of work 10B, KIND OF the during most of working life, even if retired)	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
100	retired 1-w To	wn home	BALTO	USA
13.	FATHER'S NAME	12	14. MOTHER'S MAIDEN NAME	
	- Frank O. M.	ind	- Mars To	enes
15. (Ye	Wos Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give wor or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	710 - YANG	none	HARRY M. WALEN	M.D. SINAI HOSP
	18.4.4 3 X N-260 X	CAUSE OF	DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		13 0 1 1 1	
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) 10531	ble Cerebral Vascular	accident immediate
	heart foilure, asthenia, etc. It means the disease,			
1	injury or complication which caused death.) ANTECEDENT CAUSES	in Hune	rtensive Cardioussu or d	isease 5 years
		DUE TO !!		
	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the	(C)		
	UNDERLYING CONDITION Iosi,	0		
_	- 11			
ATIOI	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO TH		Mollitue	5 years
U	19A. DATE OF OPERATION 19B. CONDITION FOR Y	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES. V	VERE FINDINGS CONSIDERED
ERTIFI	WAS PERFORMED		IN CERTIFYING	CAUSES OF DEATH?
Ü	21 A. ACCIDENT WAS UNDERLYING 21 B	PLACE OF INJURY (e.g., in	or obout 21C. WHERE DID (If in Bo	Itimore City, give exact tocotion)
CAL	DEATH (notify medical examination etc.		ince blog., INJURI OCCUR:	
EDIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E	INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
×	(APPROX.)	ile At At Work		
			-16-16 19 to	4-17-16
	22. I certify that (1) (this hospital) attended to	1 . / 6		H-17-66 19
	that (1) (we) last saw the deceased alive on		19and that in (my) (our) apinian death occurred an the date
	and haur and fram the causes stated abave	(We) (did) (did nat) v	iew the bady after death.	23 B. DATE SIGNED
	SA. SIGNATURE SA CALL	M.D. Atte	nding Med. Stoff	
	Herry In Stoller	Phy:	Director Phys.	4-17-66
	NAME (Type) HARRY M. U	PALEN	SINAL HOSP OF.	W A1 = 0
	7	M.D.		BALTO
24	A. BURIAL CREMATION, 24B. DATE 24C. N. REMOVAL (Specify)	AME of CEMETERY OF CRE	MATORY 24D. LOCATION	(City, lows, or county) 7 (State)
	Dunial Klen (201966	To much	Ma Cinuce Micean	ulle, Illle
25	A. DATE REC'D BY HEACTH DEPT. 258. NAME C	AND THE STREET	25C. FUNERAL DIRECTOR	ADDRESS
		Stable MA	Yuanh H. 16	well Villson &
VS	150-REV. 1/1/65			-



	1	753	N.
-	-	1531	
13			¥

1	MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH Registered N	1
	MILDICAL	LVWWIII 4FIL O	CLIVIIIICAIL		DEATH Washing	1

M.E. CASE NO.	MEDI	CAL EX	KAMIINEK 3 CI	KIIFICAI	E OF D	EAIL Kegiste	ered Ma	
1. NAME OF DECE (Type or Print)		ICK G.	BOWEN			HOUR PRONOUNCE 11 18, 1966		10:31 P.
FULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU		A. STATE Ma:	ryland	B. COL	MIX	dence before odmission)
HOSPITAL OR	ADDRESS OR LOCA	TION)			ltimore	corporate limits, write	e RUKAL O	nd give township)
	CHURCH HOME	AND HOS	SPITAL	D. STREET ADDR		give locotion) Lmor Street		
Male 6	White	WIDO WED,	NEVER MARRIED DIVORCED (specify) ang Le	B. DATE OF BIRTH		9. AGE (In years lost birthday)	If Under Months	1 Yr. If Under 24 Hrs. Doys Hours Min.
	ATION (Give kind of work orking life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTRY		Stote or foreign yland	country)	12. CITIZ WHA	EN OF T COUNTRY?
3. FATHER'S NAME F	rederick A.	Bowen		14. MOTHER'S MA	onville			
	EVER IN U.S. ARMED		16. SOCIAL SECURITY NO. 213 52 2799	Mrs Flo	rongo Po	320 C	ADDRESS	
1B.				OF DEATH	rence bo	owen, 329 S	. GIII	INTERVAL BETWEEN
	II FICANT CONDITIONS DEATH BUT NOT REL	ATED TO T						
OTHER SIGNI TO THE D DISEASE OR	OPERATION 198, CON WAS PERI	DITION FOR	WHICH OPERATION	20A. AUTOPSY		OB, IF YES, WERE FIN CERTIFYING CAU		
21A, EXTERNAL UNDERLYING CAUS	CAUSE WAS OR CONTRIB- E OF DEATH,	21 8. home etc.)	PLACE OF INJURY (e.g., in form, foctory, street, on Street	n or obout 21 C. W ffice bldg., INJURY Ca:	roline a	and Gough S		
OF INJURY	(Month) (Doy) (Year 4 18 66 7:3		WHILE AT NOT WORK AT W		senger i		le-tru	ack collision
22.	fy that I held an I					basis, death in		
resulte	ed fram: Natural car	ises .	Accident X Suicide		de U	ndetermined mann	er 🗌	
ACTUAL SIGNATU	RE OV	Hus	her M.D.	ASSISTANT MI	EDICAL EX	AMINER _		DATE SIGNED 4=19-66
EXAMINE NAME (T	ype) Russ	ell S.	Fisher, M.D.	ASSOCIATE M	EDICAL EX	AMINER		
3A. BURIAL CREM EMOVAL (Specify)	ATION, 23B DATE	23	C. NAME of CEMETERY o	CREMATORY	23 D. LO	CATION (City	, town, or	county) (State)
Burial			Baltimore Nat		Ba DIRECTOR	altimore, M	ld.	DDRESS
APR 2		1 4 6	FallyMA			ny, Inc., 1		ollins St.Ba
/S 151-REV. 1/1/6	5 \ /	1		9				



		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 0407	8 CERTIFICA	TE OF DEATH	Registered Na.	6 04078
1. NAME OF DECEAS		BAL-B	2. DATE AND	HOUR OF DEATH	1966 1500
3. PLACE OF DEATH	IN BALTIMORE, MARYLAND	7/12/2	4. USUAL RESIDENCE (Wheel	deceased lived. Il inst	itution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institutional oddress or location)	ion, give street	C. CITY OR TOWN (If outs		RAL and give township)
MARYLAN	d Gener	4) HOSP	D. STREET ADDRESS	rol, give location)	2/2
BAlto	Md.		406 CE	CLAR CROT'T	· Rd.
M	Cau WID	RIED, NEVER MARRIED OWED, DIVORCED (specify)	4/6/81 10	05	If Under 1 Yr. If Under 24 Hrs Months: Doys Hours Min.
done during most of work		unese Clas	11. BIRTHPLACE (State or foreign		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		The same of the	14. MOTHER'S MAIDEN NAM	E . /	
Sohi	V WAGNER		KAThepi	NE LEN	74
15. Was Deceased Eve (Yes, no or unknown) (If	r in U.S. Armed Forces? yes, give wor of doles of serv	16. SOCIAL SECURITY NO.	4 Aproliler	Sharlotte	Address
18. 4 2 3	1/1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLY	Br	oncho preumox	210	seneral de
heorf foilure, osth injury or complic	meon the mode of dying, nenio, etc. It meons the dist olion which coused deeth.) ECEDENT CAUSES	(B) Pul TO	monary elem	a	
	CONDITIONS, if ony, gi bove couse (A) stoling ONDITION lost.	the (C)	Terropoler . X. C	Dis.	many years.
OTHER SIGNIFICATOR TO THE DEAT DISEASE OR CON	II ANT CONDITIONS CONTRIBUT H BUT NOT RELATED TO				
OTHER SIGNIFICATO THE DEAT DISEASE OR CON 19A. DATE OF OP 21A. ACCIDENT V	eration 198. CONDITION I	OR WHICH OPERATION	20A. AUTORSY? (Yes or No)	20B. IF YES, WERE FIN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUTION DEATH (notify med		21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
_	onth) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At		RY OCCUR?	,
that (H) (we) las	t (this hospital) attend t saw the deceased alive	11/15		in (my) Lour) apini	on death accurred an the da
23A. SIGNATURE	Il Tem	and	ending Med. S	toff hys.	4/17/6C

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Also, if the direct or contributing cause approved by the chief medical examiner or his assistant if death occurred in written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance on the death was D.O.A. at a hospital (except where the physician who pronounced the body was released to the hospital by a medical examiner. This certificate must be

IMPORTANT

FUNERAL DIRECTOR:

23D. ADDRESS M.D.

Med. Director

24B. CREMATION, DATE

LOCATION 24D.

town or

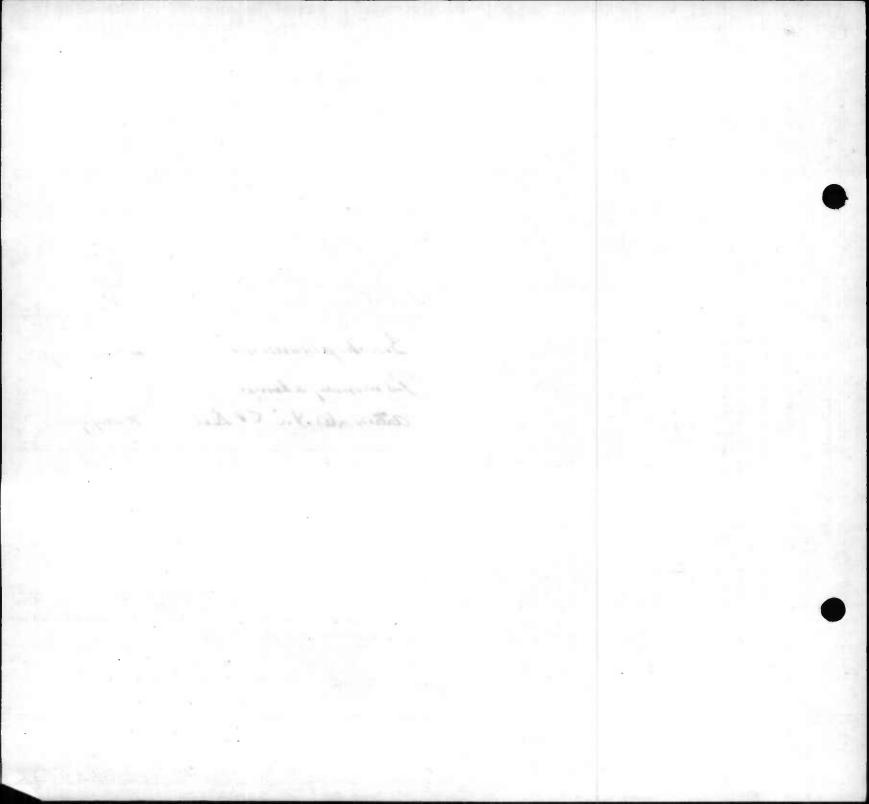
23C. PHYSICIAN'S NAME (Type)

66 P. NAME OF REGISTRAR 2 25B. AP

FUNERAL DIRECTOR

VS 150-REV. 1/1/65

ADDRESS



				BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH	NO.	66 0407	n	CERTIFICA	TE OF DEATH	Registered Na.	66	- 11	dliz	(4)
	ASE NO.		1)			AND HOUR OF DEATH		-		
(Type o	or Print)	Eliza Art	hur (Liza J. Arth	Anni	1 10 1066	1		7.15	TDAA
3. PLA	CE OF DEA	TH IN BALTIMORE MAI	MLAND	DIZA 0 - ALCI	4. USUAL RESIDENCE (WA. STATE B. COL		nstitution: re	sidence	before	odmission)
HOS	L NAME OF	oddress or location)		Maryland	outside city limits, write	RURAL ond	l give 1	lownship	1
DO		Provident			Baltimore					
57		1514 Divi				(If rurol, give location)				
/		Baltimore	, Mary	land		Hill Avenu				
5. SEX	male			, NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH 2-14-1906	9. AGE (In years lost birthdov)	If Under Months	Doys	If Un Hours	der 24 Hrs. Min.
		Negro PATION (Give kind of work	10B. KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or Id		12. CITI2	ZEN OF		
	uring most of w	orking life, even if retired)							UNTRY?	
10 000	None	E	No	ne	Maryland 14. MOTHER'S MAIDEN N	AAAF	U.S	•		
13. FA	THER'S NAM	c			MOINER'S MAIDEN N	AME				
	Unknow	**			Unknown					
15. Wo (Yes, no	s Deceesed or unknown)	Ever in U. S. Armed Ford (If yes, give wor or dote:	es? of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			ADDR	ESS	
					Jessie (so	n) 26 N.	Cama	~TT4		A
(T he in	his does no eort foilure, o jury or comp A	E OR CONDITION DIR LEADING TO DEATH If mean the mode of sisthenia, etc. II means clication which coused NTECEDENT CAUSES R CONDITIONS, il above couse (A)	dying, e.g., the disease deoth.)	(B) DUE TO	Este ful,	monary a -			AND I	
U	NDERLYING	CONDITION Iosi.	ONTRIBUTIN	G	frame Standard Standard Spanners	A Sylvania State of the State o				
A D	ISEASE OR C	ATH BUT NOT RELA	τ.							
ERTIFIC	A. DATE OF	OPERATION 198 CON WAS PERF		WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS USES OF I	CONS	DERED?	
U 21	R CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)	21 l hor etc	ne, form, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimos	e City, give	e exoci	locotio	n)
21 OF	D. TIME F INJURY (PPROX.)	(Month) (Doy) (Yeor)		LINJURY OCCURRED hile At Not While At Work		NJURY OCCUR?			_	
22	. I certify	that (1) (this hospital) attended	the deceased from Ap	ril 19,	19 66 to Apr.	il 19.			19 66
					19.66 and					
					riew the bady after deat			300		
	A. SIGNATUI		ou dodye. (·/ (**e) (ala) (ala nat) (new the body diter deat	110	23 B, DAT	E SIGN	IED	
	0	X- Their	dol	Phy		Stoff Phys.				1966
23	C. PHYSICIAI NAME (Ty			-	23D. ADDRESS					
		Roger 1	heodo	re M.D.	1514 Divisi	on Street				
24A. B	URIAL CREA	AATION, 248. DATE		AME of CEMETERY OF CR			ity, town, c	r count	ly)	(Stote)

VS 150-REV. 1/1/65

2

258. NAME OF REGISTRAR

Jestic dolervid ele. Baltimore, Naryland

2116 Druid Hill Avenue

Fedgle Segre

- 16 - 1-1-S

Margland

discassing

Unknown

Jessie (son) 25 x Carrellu

April 19.

April 19, 66

el April 19,

THE LINE X

1514 Division Street

oroboed Taradi

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased prior to death. Such was in regular attendance on the was D.O.A. at a hospital (except where the physician who pronounced death was in regular al deceased prior to death); and (6) No physician was in regular attendance on the deceased prio written approval must be obtained before the remains are embalmed or final disposition is made.

T	0362	BALTIMORE CITY	HEALTH DEPARTMENT	X	66 64000
	INO. 66 (14081)	CERTIFICA	TE OF DEATH	Registered No.	66 (14080)
1, NA	CASE NO. IME OF DECEASED OF Print	Etrich (FREDE	ERICK W) 2. DATE JAN	HOUR OF DEATH	1010 P M
3. PL	ACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (Whe	e deceased lived. If ins	titution: residence before admission)
	JLL NAME OF (If not in hospital or instructional or instruction of the state of the	tution, give street	Ma	/	allo
	STITUTION BOLLIMORE City	dosp. tals	C. CITY OR TOWN III OUT	2/23	URAL and give lownship)
1/	4940 EASTERN AVE BALTIMORE, MARYL		2602 W40	rural given location	a d
5. SE		ARRIED, NEVER MARRIED DOWNED DIVORCED (specify)		9. AGE (In years lost birthdoy) 62	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done	USUAL OCCUPATION (Give kind of work 10B, K during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	gn country)	12. CITIZEN OF WHAT COUNTRY?
	inknoun		Ma		03
I Jo F	ATHERS RAME Chard R.	DIETRICH	14. MOTHERS MAIDEN NAT	Murph	14
Ves,	os Deceased Ever in U. S. Armed Forces? no or unknown! (III yes, give wor or dates of si	orvice) 16. SOCIAL SECURITY NO.	17. INFORMANT (ADDRESS
-	8.352X	CAUSE O	F DEATH .		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	b	MEHMANIA		3 days
	This does not meon the mode al dying heart failure, osthenio, etc. It meons the d		1	9	5 1 #
	injury or complication which coused death ANTECEDENT CAUSES) (B) (L)	nempares	ES	Smonthy
	DISEASES OR CONDITIONS, if any,	DUE TO giving			
	rise to the abave cause (A) statin UNDERLYING CONDITION lost.	g the (C)			
1 \(\tilde{\ti}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	II OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE	Lenipaces	ls	7 years
	9A. DATE OF OPERATION 198. CONDITION WAS PERFORME	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE FI	NDINGS CONSIDERED
1 0	PIA, ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, street, of elc.)	or obout 21 C. WHERE DID	(If in Bollimore	City, give exact location)
0 2	TD. TIME (Month) (Doy) (Yeor) (Hou		21F. HOW DID INJ	URY OCCUR?	
	APPROX.)	White At Not White Work	e		1.0.11
	2. I carrify that (I) (this hospital) atte	1/- 10			1 / 8 1966
	hat (1) (we) last saw the deceased aliventh on the causes stoted ab			at in (my) (aut) apin	ion death occurred on the dote
	3A. SIGNATURE	4			23B. DATE SIGNED
	ACULE, G)// Leef Phy		Stoff Phys.	4/10/66
	3C.PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS 4940 EA	STERN AVENUI	#21224/
24A.	BURIAL CREMATION, 248. DATE	ESTRICH 24C. NAME of CEMETERY OF CRE	EMATORY 240. L	OCATION (City	, tolvin, or county) (Stote)
B	URIAL 4/22/66	HOLY REDEEME	R Br	ALTIMORE,	MARYLAND
25A.	APR 21 1966	B C REDISTRIP	25C FUNERAL DIRECTOR	tenhung /	ADDRESS
V\$ 1.	APR & 1 1900 ULGGE 50-REV. 1/1/65	<i>N</i>	Funeral Ho	me et d. 600	I HARFORD KU

CH CAPTARK YOUR EN THE THEY

SHIND

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

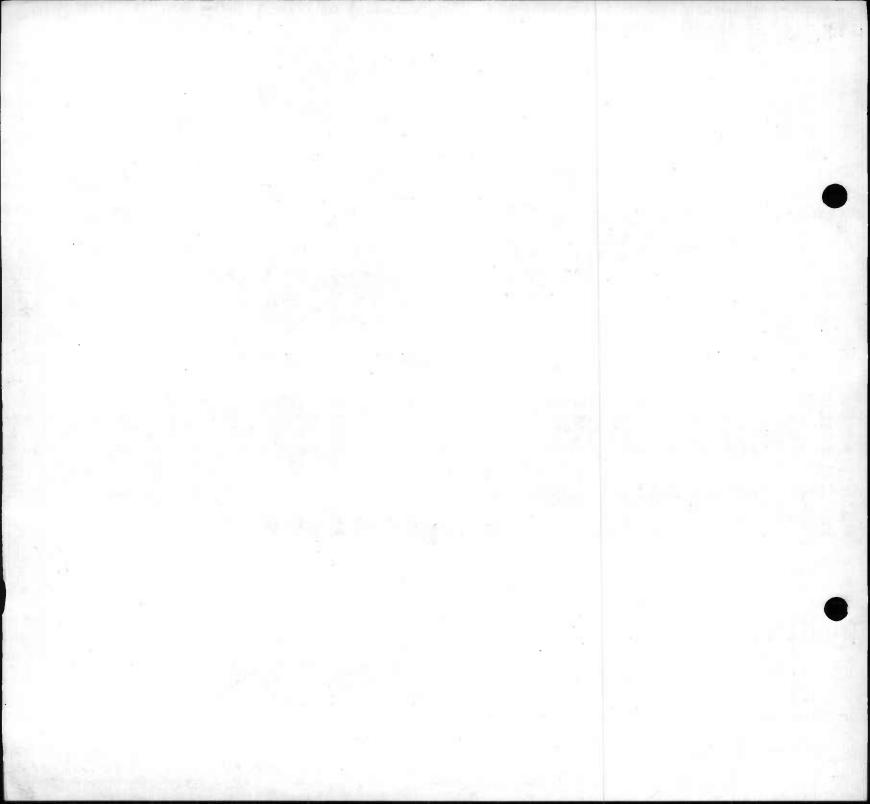
BIRTH NO.			CITY HEALTH DEPARTMENT	66: 1, 10, 1
M.E. CASE NO.	14081	CERTIFIC	CATE OF DEATH Regi	stered No. 66 114131
THE OF DECEASED	,	,	2. DATE AND HOUR	
3. PLACE OF DEATH IN B	14m5	Benjamin	4. USUAL RESIDENCE (Where deceos	20 40
S. PLACE OF DEATH IN B.	ALTIMORE, MARTE	AND	A. STATE B. COUNTY	
	not in hospital or i	nstitution, give street	Maryland	limits, write RURAL and give township)
INSTITUTION	igless of locollon/		C. CITY OR TOWN (If outside city	limits, write RURAL and give township)
Universil	h 1405	p. Lal.	Baltimore D. STREET ADDRESS (If rurol, give	location)
	, ., ,		1329 N. F.	
5. SEX 6. RACE	7.	MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (n years If Under 1 Yr., If Und
M	0	Married (specify)	11/16/90 lost birthe	5
IOA. USUAL OCCUPATION		B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign countr	12. CITIZEN OF WHAT COUNTRY?
done during most of working the	s, even it renired)	-	Maryland	LISA
13. FATHER'S NAME			14. MOTHERS MAIDEN NAME	3,0
Robert H	1 1,1,11	ams	Mams 17 111.	1konson
15. Was Deceased Ever in U	J. S. Armed Forces	? 16. SOCIAL	Mary M WI	ADDRESS
(Yes, no or unknown) (II yes,	give wor or dotes o	2/6-03-92:	57 w. FC	
18.	OI.		E OF DEATH	INTERVAL BETY
	ONDITION DIREC	TLY		ONSET AND D
	G TO DEATH	(A) A	cute Renal Fullur	e H day
(This does not mean heart failure, asthenio,	, etc. II means the	e disease,		
injury or complication		oath.)	0.1	~ 5 days
1 1			anstruction Reaction	~
ANTECE		00010	ansfusion Reactio	~ 5 3 3 7 3
DISEASES OR CON	DITIONS, if any	00010		
	DITIONS, if any cause (A) st	00010		
DISEASES OR CON rise to the above UNDERLYING COND	DITIONS, if any cause (A) st	oling the (C) Bl	eeding Gastric Ul	
DISEASES OR CON ise to the obove UNDERLYING COND OTHER SIGNIFICANT (TO THE DEATH E	DITIONS, if any cause (A) station last.	oling the (C) B/s	eeding Gastric Ul	cer & days
DISEASES OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DISEASE OR COND	DITIONS, if any cause (A) shallow last. II CONDITIONS CONBUT NOT RELATED ON CAUSING IT.	NTRIBUTING D TO THE THE PER TION FOR WHICH OPERATION	Lensive Cardiovascul	er disease YES. WERE FINDINGS CONSIDERED
DISEASES OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DISEASE OR COND	DITIONS, if any cause (A) station tast. II CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITION (A) 178. CONDITION (B) 4. CONDIT	NTRIBUTING D TO THE HOPEN TON FOR WHICH OPERATION	ensive Cardiovascul 20A. AUTOPSY? (Yes or Not) 20B. IF	cer & days
DISEASES OR CONDISE TO THE DEATH EDISEASE OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DISEASE OR CONDIT	DITIONS, if any cause (A) station last.	NTRIBUTING D TO THE Hyper H TON FOR WHICH OPERATION IMAE 1218. PLACE OF INJURY (e.	ensive Cardiovascul 20A. AUTOPSY? (Yes or No) 20B. IF IN CEI 20G., in or about 21C. WHERE DID	er disease YES. WERE FINDINGS CONSIDERED
DISEASES OR CONDISE TO THE DEATH EDISEASE OR CONDITION OF THE DEATH EDISEASE OR CONDITION OF THE DISEASE OR CONDIT	DITIONS, if any cause (A) station last. II CONDITIONS CONBUT NOT RELATED ON CAUSING IT. ON 198. CONDITION WAS PERFORD ON PROBLEM OF CAUSE OF CAUS	NTRIBUTING D TO THE Hyper H TON FOR WHICH OPERATION IMAE 1218. PLACE OF INJURY (e.	Lensive Cardiovascul 20A. AUTOPSY? (Yes or Not) 20B. IF NO	YES, WERE FINDINGS CONSIDERED RITTFYING CAUSES OF DEATH?
DISEASES OR CON 1158 to 114 obove UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH EDISEASE OR CONDITION 19 A. DATE OF OPERATION OR CONTRIBUTING DEATH (notify medico)	DITIONS, if any cause (A) station last. II CONDITIONS CONBUT NOT RELATED ON CAUSING IT. ON 198. CONDITION WAS PERFORD ON PROBLEM OF CAUSE OF CAUS	NTRIBUTING D TO THE Hyper A TON FOR WHICH OPERATION IMAE 218. PLACE OF INJURY (e. home, foctory, streetc.) Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! g., in or about 21C. WHERE DID t, office bidg., INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RETEYING CAUSES OF DEATH? If in Boltimore City, give exact locations
DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION 19 A. DATE OF OPERATION 21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notify medical	DITIONS, if any cause (A) station last. CONDITIONS CONSULT NOT RELATE ON CAUSING IT. ON 198. CONDITIONS PERFOR POPERS PERFOR CAUSE OF examiner)	NTRIBUTING D TO THE Hyper H TON FOR WHICH OPERATION (MED 218. PLACE OF INJURY (e. home, lorm, foctory, streetc.) Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI 20 A. HITOPSY? (Yes or No) 20B. IF IN CEI 20 A. HITOPSY? (Yes or No) 20B. IF IN CEI 21 F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RETEYING CAUSES OF DEATH? If in Boltimore City, give exact locations
DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT OF TO THE DEATH E DISEASE OR CONDITION 21 A. DATE OF OPERATION OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.)	DITIONS, if any cause (A) station last. II CONDITIONS CONBUT NOT RELATED ON CAUSING IT. ON 198. CONDITION WAS PERFOR PLEASE UNDERLYING CAUSE CAUSE CAUSE CAUSE OF exominer)	NTRIBUTING D TO THE TON FOR WHICH OPERATION IMED 21B. PLACE OF INJURY (c. home, form, foctory, streetc.) Hourl 21E. INJURY OCCURRED While At Not	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RETEYING CAUSES OF DEATH? If in Boltimore City, give exact locations
DISEASES OR CON THE DEATH E DISEASE OR CONDITION OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION 19 A. DATE OF OPERATI LY LY LY OR CONTRIBUTING DEATH (notify medicol 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (1)	DITIONS, if any cause (A) station last. CONDITIONS CONSULT NOT RELATE ON CAUSING IT. ON 198. CONDITIONS CONSULT NOT RELATE ON CAUSING IT. UNDERLYING CAUSE OF exominer) (Doy) (Year) (Chis hospital) and cause of cause	NTRIBUTING D TO THE TON FOR WHICH OPERATION (MAD 218. PLACE OF INJURY (e. home, foctory, stree etc.) While At Not Work At W. At	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RITTYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR?
DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH EDISEASE OR CONDITION 19 A. DATE OF OPERATION 21 A. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING (APPROX.) 22. I certify that (I) that (I) (we) lost saw	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE TON FOR WHICH OPERATION MAED 218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.) While At Not Work Strended the deceased from	20A. AUTOPSY? (Yes or No) 20B. IF IN CEI g., in or about 21C. WHERE DID t, office bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RITTYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR?
DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH EDISEASE OR CONDITION 19 A. DATE OF OPERATION 21 A. ACCIDENT WAS OR CONTRIBUTING OR CONTRIBUTING (APPROX.) 22. I certify that (I) that (I) (we) lost saw	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE TON FOR WHICH OPERATION MAED 218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.) While At Not Work Strended the deceased from	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! g., in or about 21C. WHERE DID t, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While Apr. 1 3 1966 O 1966 ond that in (m)	YES, WERE FINDINGS CONSIDERED RITTYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR?
DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION 21A. ACCIDENT WAS OF CONTRIBUTING 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost say and hour and from the	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE TON FOR WHICH OPERATION MAED 218. PLACE OF INJURY (e. home, lorm, foctory, stree etc.) While At Not Work Strended the deceased from	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! g., in or about 21C. WHERE DID t, office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While Apr. 1 3 1966 O 1966 ond that in (m)	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR? 10 (our) opinion death occurred on the course of
DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost saw and hour and from the 23A. SIGNATURE	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE TON FOR WHICH OPERATION IMED 218. PLACE OF INJURY (e. home, form, foctory, stree etc.) Houri 21E. INJURY OCCURRED While At Work At W. Ottended the deceosed from Dalive on Apx 1 (2) obove. (1) (We) (did) (did no	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 30B. IF IN CEI 21F. HOW DID INJURY OCCUR? While 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? While 19 6 ond that in (m) 19 19 6 ond that in (m) 19 19 6 ond that in (m) 19 19 19 19 19 19 19 19 19 19 19 19 19 1	YES, WERE FINDINGS CONSIDERED RITEYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR?
DISEASES OR CON rise to the obove UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION OTHER SIGNIFICANT OF THE DEATH OF THE DEATH OPERATION OR CONTRIBUTING DEATH (notify medical) 21 D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost saw and hour and from the 23A. SIGNATURE	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE NON FOR WHICH OPERATION (MED 218. PLACE OF INJURY (c., home, lorm, foctory, stree etc.) While At Not Work Ottended the deceased from a colore. (I) (We) (did) (did not home) M.D.	20A. AUTOPSY? (Yes or No) 20A. AUTOPSY? (Yes or No) 3. AUTOPSY? (Yes or No) 20B. IF IN CEI 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact locations CUR? 10 (our) opinion death occurred on the course of
DISEASES OR CON rise to the above UNDERLYING COND TO THE DEATH EDISEASE OR CONDITION TO THE DEATH EDISEASE OR CONDITION TO THE DEATH OF THE DISEASE OR CONDITION TO THE DEATH (Month) OF INJURY (APPROX.) 21 A. ACCIDENT WAS OR CONTRIBUTING (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost say and hour and from the 23A. SIGNATURE 23C.PHYSICIAM'S NAME (Type)	DITIONS, if any cause (A) shiftion last.	NTRIBUTING D TO THE NON FOR WHICH OPERATION (MED 218. PLACE OF INJURY (c., home, lorm, foctory, stree etc.) While At Not Work Ottended the deceased from a colore. (I) (We) (did) (did not home) M.D.	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? Apr. 1 3 1966 O 19 66 ond that in (m) of view the body ofter death. Altending Med. Sloff Phys. 23D. ADDRESS	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact location of the course o
DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT OF THE DEATH E DISEASE OR CONDITION 10 A. DATE OF OPERATI 11 A. CCIDENT WAS OF CONTRIBUTING 21D. TIME (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost say and hour and from the 23A. SIGNATURE 23C. PHYSICIAN'S NAME (Type) 1 A CO	DITIONS, if any cause (A) shiftion tast. II CONDITIONS CONBUT NOT RELATED ON CAUSING IT. ON 1988. CONDITIONS (A) PRECONDITION (AUSING IT. ON 1989. CONDITION (A) PRECONDITION	ATRIBUTING D TO THE TON FOR WHICH OPERATION IMED TON FOR WHICH OPERATION IMED 218 PLACE OF INJURY (e. home, form, foctory, stree etc.) Houri 21E INJURY OCCURRED While At Not Work At W. Ottended the deceosed from Dalive on Apx 1 2 Obove. (I) (We) (did) (did not And Ford No.D.	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? Apr. 1 3 1966 O 19 66 ond that in (m) of view the body ofter death. Altending Med. Sloff Phys. 23D. ADDRESS	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact location of the course o
DISEASES OR CON rise to the above UNDERLYING COND TO THE DEATH EDISEASE OR CONDITION TO THE DEATH EDISEASE OR CONDITION TO THE DEATH OF THE DISEASE OR CONDITION TO THE DEATH (Month) OF INJURY (APPROX.) 21 A. ACCIDENT WAS OR CONTRIBUTING (Month) OF INJURY (APPROX.) 22. I certify that (I) that (I) (we) lost say and hour and from the 23A. SIGNATURE 23C.PHYSICIAM'S NAME (Type)	DITIONS, if any cause (A) station last. II CONDITIONS CONSULT NOT RELATE ON CAUSING IT. ON 198. CONDITIONS CONSULT WAS PERFOR CAUSE OF examiner) (this hospital) of the deceased of the couses stated at C. S. 248. DATE 4/23/66	ATRIBUTING D TO THE TON FOR WHICH OPERATION IMED TON FOR WHICH OPERATION IMED 218 PLACE OF INJURY (e. home, form, foctory, stree etc.) Houri 21E INJURY OCCURRED While At Not Work At W. Ottended the deceosed from Dalive on Apx 1 2 Obove. (I) (We) (did) (did not And Ford No.D.	20A. AUTOPSY? (Yes or No! 20B. IF IN CE! IN JURY OCCUR? 21F. HOW DID INJURY OCCUR? Apr. 1 3 1966 O 19 66 ond that in (m) of view the body ofter death. Altending Med. Sloff Phys. 23D. ADDRESS	YES, WERE FINDINGS CONSIDERED RITFYING CAUSES OF DEATH? If in Boltimore City, give exact location of the course o

Maryland Samuela La I'm death by man ust 1329 W Falken St 06/11/16 Plane 118 0 to real property Mary M. Williams -Robert H. Williams 39 140 Acute Report Failmer Transferrage Roselia -Bleeding Gospera Wheer Month of summer of a supply and 4/14/46 Bleeding Contra wilder April 20 Ell Comple 0.4 April 20 60

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

		BALTIMORE CITY	HEALTH DEPARTMENT	100 - 1000			
- 11	BIRTH NO. 66 14182	CERTIFICA	TE OF DEATH Registered No.	66 04082			
	1. NAME OF DECEASED (Type of Print) FLORA B. (1)	HIMS (WHI.	1MINS) 2. DATE AND HOUR OF DEATH 630 AM				
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before admission) A. STATE B. CDUNTY				
	FULL NAME DF (If not in hospital or institut	ion, give street	MO.	11-03			
	HOSPITAL DR oddross or locotion)	P.	C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
			D. STREET ADDRESS (If rurol, give location)				
9.	REDWOOD &	GREENE	725 GEORGE AGT 13				
pow :		RIED, NEVER MARRIED WED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 4-18-95 9. AGE (In years lost birthdoy)	Months Doys Hours Min.			
on is	10A. USUAL OCCUPATION (Give kind of work 10B, KIN) done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or toroign country)	12. CITIZEN OF WHAT COUNTRY?			
itio	\$200 mannersh			U.S.A			
200	13. FATHERS NAME		14. MOTHERS MAIDEN NAME				
disposition	Thomas Davis		Annie Barrett				
alo	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotos of serving)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
fin			OSCAR WHIMS 7.23	GEORGE SI			
10	18. 4.22.21	CAUSE O	FDEATH	INTERVAL BETWEEN ONSET AND DEATH			
Pe	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	201		2			
alm	(This does not mean the made of dying,	e.g., DUE TD	nacual downief:				
-0	heart failure, asthenia, etc. It means the dise	ase, Co	malete A/U Malesoure	ad.			
E	ANTECEDENT CAUSES	(B)					
9	DISEASES OR CONDITIONS, il ony, gi	DUE TD ving					
20	rise to the above cause (A) stoting UNDERLYING CONDITION lost.	the (C)					
in in	11						
emain	DTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	ITING					
0	DISEASE OR CONDITION CAUSING IT.		TAA				
e th	19A. DATE OF OPERATION 19B. CONDITION FWAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
efore	OR CONTRIBUTING CAUSE OF	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obody 21 C. WHERE DID (If in Boltimore bldg., INJURY OCCUR?	City, give exect location)			
٥	U	etc.)					
peu	OF INJURY (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While	21F. HOW DID INJURY OCCUR?				
ain	(APPRDX.)	Work At Work					
obt	22. I certify that (1) (this hospital) attend			-20 1966.			
pe	that (1) (we) last saw the deceased alive	on 4/-20	19 6 and that in (my) (aur) api	nian death accurred on the date			
+s	and haur and from the causes stated abov	e. (I) (We) (did) (did noi) v	lew the bady after death.				
E	23A. SIGNATURE	10	A	23 B. DATE SIGNED			
	Xaug del ha	CEC Phy:		4/20/66			
0	23 ST PHYSICIAN'S NAME (Type)	1 0/	23D. ADDRESS	2.25			
approval	GARY CEE	NOBELM.D.		RIDGE BALTO MA			
	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	C. NAME of CEMETERY OF CRE		ity, town, or county) (Stoto)			
ritten	Burral 4/2465	1.11. cereary	Co Anne Brus	rsel Cry. MW.			
vrii	25A. DATE REC'D BY HEALTH DEPT. 25B. NAI	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	SE NONTH AUG			

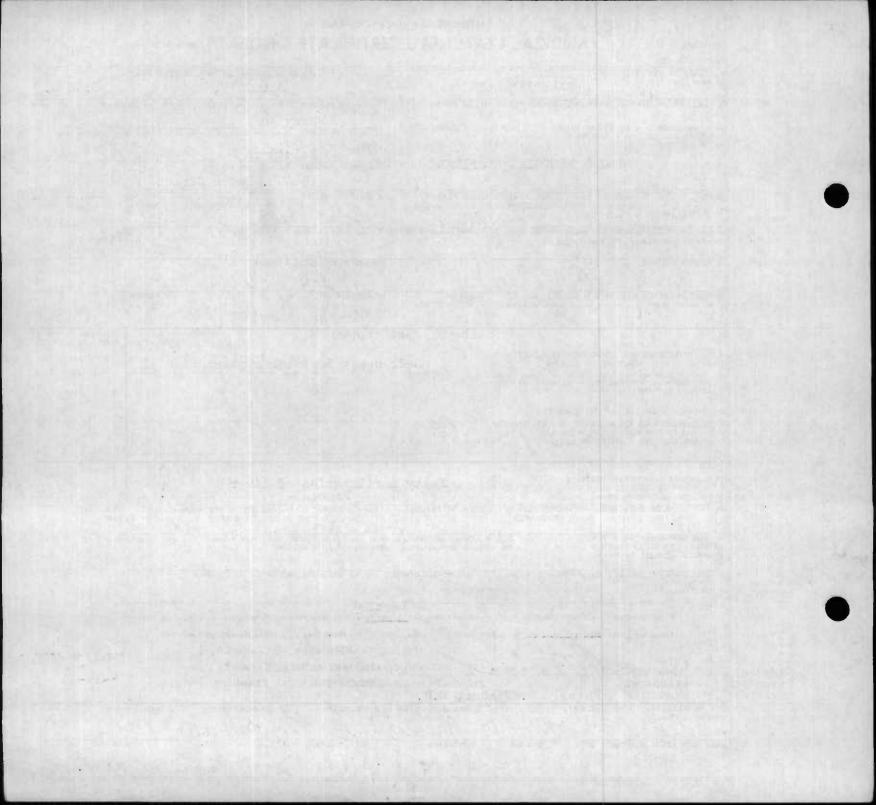
VS 150-REV. 1/1/65



VS 151-REV. 1/1/65

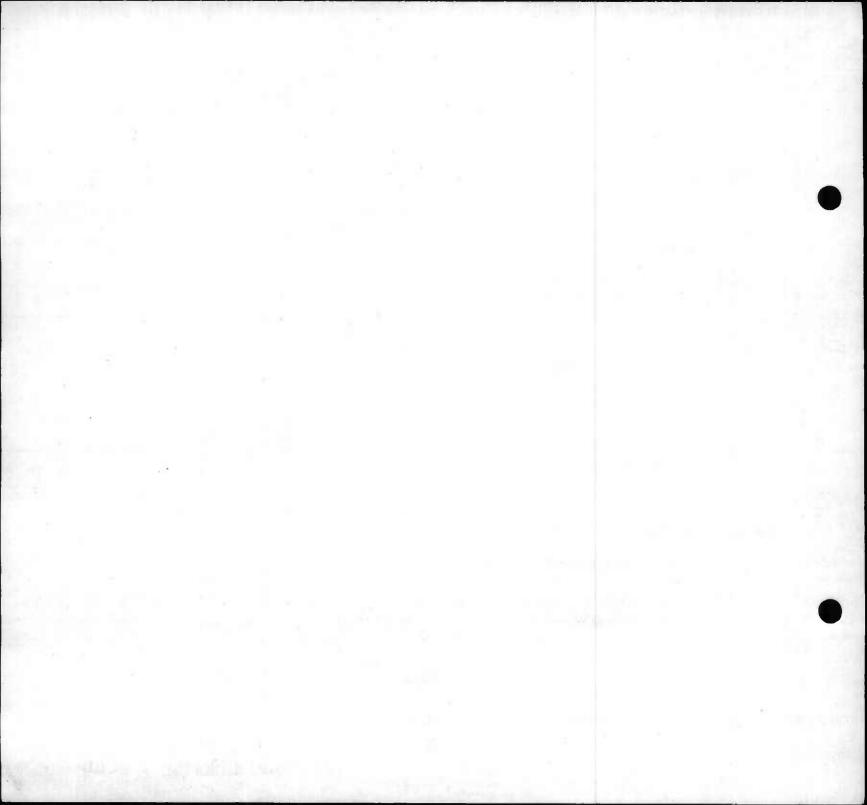
66 04063 BALTIMORE CITY HEALTH DEPARTMENT

	bb 1	4000		IMORE CITT HEA					CHOICE DE
BIRT	TH NO.	MED	ICAL EXA	MINER'S C	ERTIFICAT	TE OF I	DEATH Register	red No.	0 119000
M.I	E CASE NO.								
	NAME OF DEC		ROLYN DUNN				il 19, 1966	D DEAD	7:10 A. _M
3. P	LACE IN BALTI	MORE MARYLAND, W	HERE PRONOUNCE	D DEAD	4. USUAL RESID	ENCE (Where	deceosed lived. Il insti	tution: resident	ce belore odmission)
HO	L NAME OF SPITAL OR TITUTION	(IF NOT IN HOSPIT	AL OR INSTITUTION	, GIVE STREET	I N	Maryland			give township)
1	4	UNION MEM	ORIAL HOSP	TTAL	D. STREET ADD		give location)	2-0	
	1						Eager Stree		
5. S	Female	Negro	WIDOWED, DIVO		B. DATE OF BIRT	7, 1909	9. AGE (In years lost birthdoy) 56	Months Do	Yr. II Under 24 Hrs. ys Hours Min.
		PATION (Give kind of wor orking lile, even if retired)	TOB. KIND OF BU	SINESS OR INDUSTR	Y 11. BIRTHPLACE	(State or foreig	n country)	12. CITIZEN WHAT	OF COUNTRY?
13.	FATHER'S NAM	E			14. MOTHER'S M	AIDEN NAM	E		
	Thon	ms (1)111	19175		Mar	4 60	u		
		EVER IN U.S. ARMED		OCIAL	17. INFORMANT	10		ADDRESS	0
Tes	s, no or unknown	(II yes, give wor or dote	s of service	SECURITY NO.	Mis. Mui	- 4 Quar	les 6205	st. Hn.	n Hre-
_	1B.) Y		CAUS	E OF DEATH	1		1N	TERVAL BETWEEN
	DISEAS	E OR CONDITION DI	PECTLY					or	NSET AND DEATH
		LEADING TO DEATH		(A) Left	upper lob	e lobar	r pneumonia	288	
	heort loilure,	ot meon the mode of osthenio, etc. It meons	the discose,	DUE TO					***********************************
	injury or com	plication which coused	deoth.)						
	A	NTECENDENT CAUSI	S	(R)				1665	
		OR CONDITIONS, IF A		DUE TO					a a a tru a O a detru a a a a a detrutru d O O O O tru
		G CONDITION LAST.		(6)				13.0	
O				(\(\frac{1}{2} \)					
CERTIFICATION	TO THE	## ###################################	LATED TO THE		nfiltratio				
SERT	19A. DATE OF		IDITION FOR WHIC		20A. AUTOPSY	? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CON	SIDERED H?
آد	EVERNIAL	CALLER WAS	1010 014		Yes				
EDICA	21A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	home, lo	m, loctory, street,	office bldg. INJURY	OCCUR?	(If in Boltimore City, give	re exoct tocot	ion)
Σ	21 D TIME OF INJURY	(Month) (Doy) (Yeo	r) (Hour) 21E. I	NJURY OCCURRED	21F. H	ILNI DID WO	URY OCCUR?		
	(APPROX.)		m. WHIL	E AT NOT	WHILE				
	22.		n .	Pa	rtial	1.1			
		ify that I held an I					is bosis, death in m		
	result	ed from: Natural ca	uses Acci	dent Sulci		137	Undetermined monne	er	
	ACTUAL	Alm	//	/			CAMINER A	-1	DATE SIGNED
	SIGNATE	// V // //	me	М. [. ASSISTANT M			/	10 66
i	EXAMIN		1 S Fishe	r M D	ASSOCIATE N	EDICAL E	XAMINER	4	-19-66
234	NAME (1		1 S. Fishe	AME of CEMETERY	or CREMATORY	23 D. L	OCATION (City,	town, or cour	nty) (Stote)
	MOVAL (Specify		66 mt	· Aubur	Cem		Baltimore	md	•
24/	A. DATE REC'D	BY HEALTH DEPT.	24B. NAME OF	REGISTRAR	24C. FUNER	AL DIRECTOR	1	ADI	DRESS
	APR	21 1966 (7.	06.88.3	Richard .	11111	· Man	nh 978 17	. Nort	1 Aug

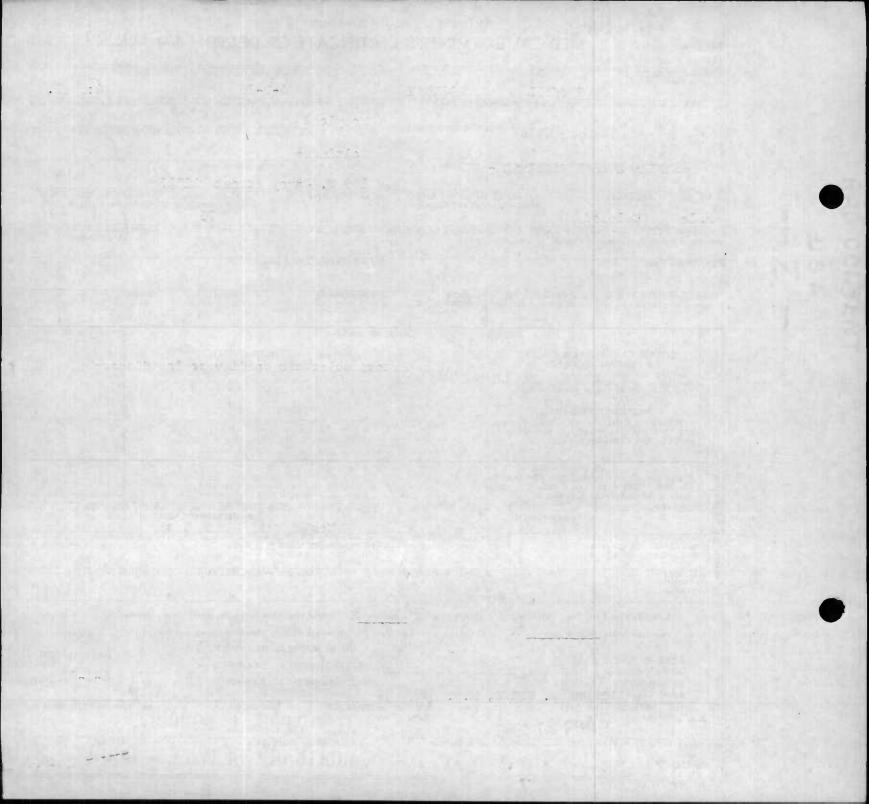


and leath sased n the Such
se of (5) Dece
ng cau cause; attend ior to
mined mined gular sed pr
or cor Judeter is in re decea
direct direct nd; (4) L ath we on the
is assist any kir any kir any kir and de ndance
er or her. Also
examines) A frage who provided in regulations
approved by the chief medical examiner or his assistant if death occurred in a hospital and I to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased all (except where the physician who pronounced death was in regular attendance on the th); and (6) No physician was in regular attendance on the deceased prior to death. Such be obtained before the remains are embalmed or final disposition is made.
chief my a month by a my the physician rether
by the spital by the spital by the (2) where (3) No p
pprovec the ho any nat (excep); and (c)
dent of ospital death)
cate muvas rele An accid at a h
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
the sho wa dec

	66 04084	BALTIMORE CITY	HEALTH DEPARTMENT	CC UAUSA		
BIR	H NO.	CERTIFICA	TE OF DEATH Registered	NG6 ()4084		
1. N	AME OF DECEASED		2. DATE AND HOUR OF DEATH			
	Saunders, Oly	N	7:35 p.m. Og	m.		
3.	LACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNTY	a. It institution: residence before dumission		
	FULL NAME OF (II not in hospital or institut HOSPITAL OR address or location) NSTITUTION	an, giva streat	C. CITY OR TOWN (If outside city limits,	Write RURAL and give township)		
	UNIVERSITY HOS	pital	Dlan Burne	5200		
P	Baltimore I, M	9.	D. STREET ADDRESS (If rural, give lacetic	and Real		
5. 1		NED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In your			
	. USUAL OCCUPATION (Give kind of wark 10B, KIN) e during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT, COUNTRY?		
	JURSING HOME PATIENT		Eenk			
	FATHER'S NAME	,	14. MOTHER'S MAIDEN NAME			
	Was Decased Ever in U. S. Armed Forces? s,na or unknawn) (If yes, give war or dates of serv	ce) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
L	,	CAUSE O	DEATH.	INTERVAL BETWEEN		
	DISEASE OR CONDITION DIRECTLY	CAUSE	PEATH	ONSET AND DEATH		
	LEADING TO DEATH	(A) CE	mosture heart hail			
	(This does not meon the mode of dying, heart failure, asthenia, etc. It means the disc		0			
	injury or complication which coused death.) ANTECEDENT CAUSES (B) Muscandial Sindar Turn					
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving					
	tise to the obove couse (A) staling		meralizad Othertseles			
	UNDERLYING CONDITION lost,		the others had			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	THE Chamis	2 houtes ather schools of wards	ordono		
CAI	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES.	WERE FINDINGS CONSIDERED		
ERTIFIC	O NO WAS PERFORMED		IN CERTIFYIN	G CAUSES OF DEATH?		
CAL CE	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B PLACE OF INJURY (e.g., i home, form, factory, street, o etc.)		oltimore City, give exact location)		
0	21D. TIME (Month) (Doy) (Year) (Hour)		21F. HOW DID INJURY OCCUR?			
2	(APPROX)	While At Work Not While At Work				
	22. I certify that (I) (this haspital) attend	ed the deceased fram	3-17 1966 10	4-12 19 66,		
	that (1) (we) last saw the deceased alive	an	/Z 19 6C and that in(my) (au	r) opinian death accurred an the date		
	and hour and fram the couses stated about	e (I) (We) (did) (did not)	view the bady ofter deoth.			
	23A. SIGNATURE	11/2 45 41	ending Med. Stoff	238. DATE SIGNED 4-12-6-6		
	(anti c	Phy	s. Director Phys.	4-12-66		
	23C. PHYSICIAN'S NAME (Typo)	/	23D. ADDRESS	11		
		ANAMA	MY KAMIK EVESKELD	ACITY TO M. or county) (Stoto)		
24	A. BURIAL CREMATION, 24B. DATE	C. NAME of CEMETRY & CR	BMATORY DUTAL 24D. VOCAHONTA	- TONY, TOWN, OF COUNTY) (31010)		
26	APR & L NO	ME-OF REGISTRAR	RSITY MEDICAL SCI	ADRRESS		
25	APR 21 1966 Of Chart	talkyna	MORTUARY SERV	ICE - BCHD		
VS	150-REV. 1/1/65		GIND OF ALTER	4		



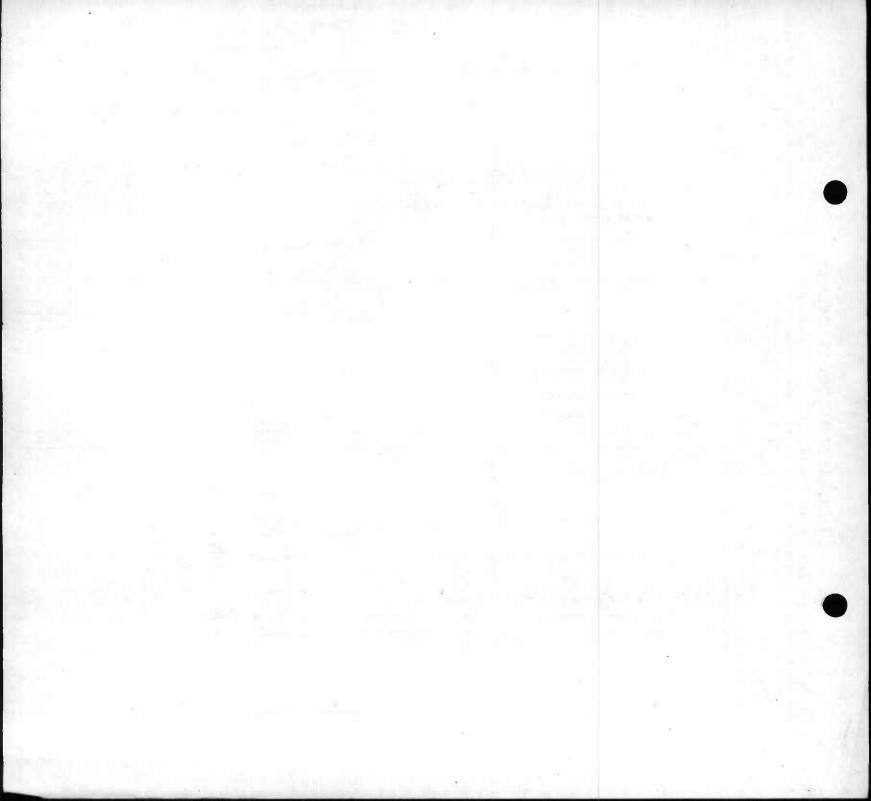
BIR	TH NO.		MEDI	CAL EX	AMINER'S	CERTIFICA	TE OF I	DEATH Registe	red No.4UO.)
M.	E. CASE NO.								
(Tv	Pe or Print)	CEASED					2. DATE AN	D HOUR PRONOUNC	
,			RUSSE	LL	HOLLYDAY		4-3-	66	4:50 P. M.
FU	LL NAME OF	(IF NOT IT	N HOSPITA	AL OR INSTITU	TION, GIVE STREET	Mary 1a	nd	B. COU	titution: residence befare admission) JNTY e RURAL and give township)
Z	NOITUTIES	IN XQUAF			DOA	Baltim D. STREET AD	Ore DRESS (If rurol,	give location)	8-03
						109 N.	Carey S	treet 2122	3
5.	Male	6. RACE	i		NEVER MARRIED DIVORCED (specify)	8. DATE OF BIE		9. AGE (In years last birthday) 73	If Under 1 Yr, If Under 24 Hrs. Months, Days, Hours, Min.
		UPATION (Give life, even		TOB. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE	E (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	A E				14. MOTHER'S	MAIDEN NAM	E	
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORM AN			ADDRESS
ERTIFICATION	DISEASES RISE TO TH UNDERLYI	LEADING TO TO THE PROPERTY OF	made of it means h coused T CAUSE ONS, IF A JSE (A) S'ON LAST.	dying e.g., the discose, deoth.) S NY, GIVING TATING THE	(B)	terloscie	rotic ca	rdiovascula	r disease
CERTIF	DISEASE C	R CONDITION	CAUSING	IDITION FOR V	WHICH OPERATION	20A. AUTOP		208. IF YES, WERE FI	
EDICAL	UNDERLYING	L CAUSE WA DOR CONTRIB- ISE OF DEATH			PLACE OF INJURY (e.g., form, foctory, sheet,	, in or obout 21 C.	WHERE DID		
ME	21 D TIME OF INJURY (APPROX.)	(Manth) (D	ay) (Yeo	W	TE. INJURY OCCURRED	WHILE WORK	HOW DID INJ	URY OCCUR?	
	ACTUA SIGNAT EXAMII NAME (URE VER'S Type) WERI	otural co	uses A A	Inspection A	de Homi CHIEF D. ASSISTANT ASSOCIATE	MEDICAL EX	XAMINER X	DATE SIGNED 4-4-66
RE	A. BURIAL CRI MOVAL (Special A. DATE REC'D		PR 2	1 1986	OF REGISTRAR	PERSITY 24C. FUNI	23D. L	CAL SCHO	OL (State)
	APR 2	1 1966	P.C.	8 E. Fa	OreMA	MOK	TUAKY	SERVICE	- DCHD



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE	CITY	HEALTH	DEPARTMENT
DALLIMONE	0111	11000	PELWILLELAI

BIRTH NO. 66- 0792966 (14	1086	CERTIFICA	TE OF DEATH	egistered North	4086
I. NAME OF DECEASED	4	D 15 A !!	2. DATE AND HO		73-1
(Type or Print) BABY 3. PLACE OF DEATH IN BALTIMORE, N	SOY MARYLAND	RAT A			n: residence belare admission)
FULL NAME OF (If not in hospite HOSPITAL OR oddress or locate		give street	C. CITY OR TOWN (If outside ci	ity limits, write RURAL	and give township)
INSTITUTION	1005PI	7.11:	BALTO.		one give to the tap
JON TOCKS (1)				ive location)	- 4/-
5. SEX 6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH 9. AG	FILL AVE	nder 1 Yr II Under 24 Hrs.
M	NE	DIVORCED (specify)	9-15-66	rihdoy) Month	hs Days Hours Min.
10A. USUAL OCCUPATION (Give kind of widdene during most of working life, even if retired WEONATE		BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign cou	antry) 12. C	CHIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S ALAIDEN NAME		0,,
7			SANDRA G.	ALL RA	7,
5. Was Deceased Ever in U. S. Armed F Yes, no ar unknown) (If yes, give war or de	orces? otes of service)	1 6. SOCIAL SECURITY NO.			
No		0	CHARTH	32-76-	56.
18. 776 X I		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION D			IMMATURIT	4	8 34/60 HAR
(This daes not mean the made heart failure, asthenia, etc. It mean injury at complication which coustingury at complication which coustingury at complication.	ns the disease,			4	
ANTECEDENT CAUS	ES	(B)			waxaa waxaa aa
DISEASES OR CONDITIONS, if				100000000000000000000000000000000000000	*******************************
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CC	LATED TO THE	E	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDIN	GS CONSIDERED
	ERFORMED		NO	CERTIFYING CAUSES O	
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. hometc.	e, lorm, foctory, street, o	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore City,	give exact location)
21D. TIME (Month) (Doy) (Yeo OF INJURY (APPROX.)		ile At Not While		CCUR?	
22. I certify that Hitthis hospit				6 to V =	15 19 66
that (M) (we) lost sow the decea					
and hour and from the couses st					
23A. SIGNATURE	7 .			23 B. C	DATE SIGNED
(Clerty.)	Freden		ending Med. Stoff Phys.		4-15-66.
NAME (Type)	12		1141112	1-0	
24A. BURIAL CREMATION, 248. DATE	50 2 DC	AME of CEMETER BIACK	MATORY DA 24D LOCATI	ON A RIGHY AND	r county) (State)
APR 2	1 1966	ANAI	OMI DUALD OF	O CHICAT	
25A. DATE REC'D BY HEALTH DEPT.	- Part	OF REGISTRAR UNIV	25C FUNERAL DIRECTOR A	L SCHOOL	ADDRESS
	18.3 de	Integrate.	MORTHARY SER	RVICE - BO	CHD
VS 150-REV. 1/1/65	11 11 11	A DE UDO	TIAU A TO THE TO		



shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital levent when the cause of the control of the cause of the control of the cause of t This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

deceased prior to death); and (6) No physician was in regular attendance on the deceased

was D.O.A. at a hospital (except where the physician who pronounced

the Such

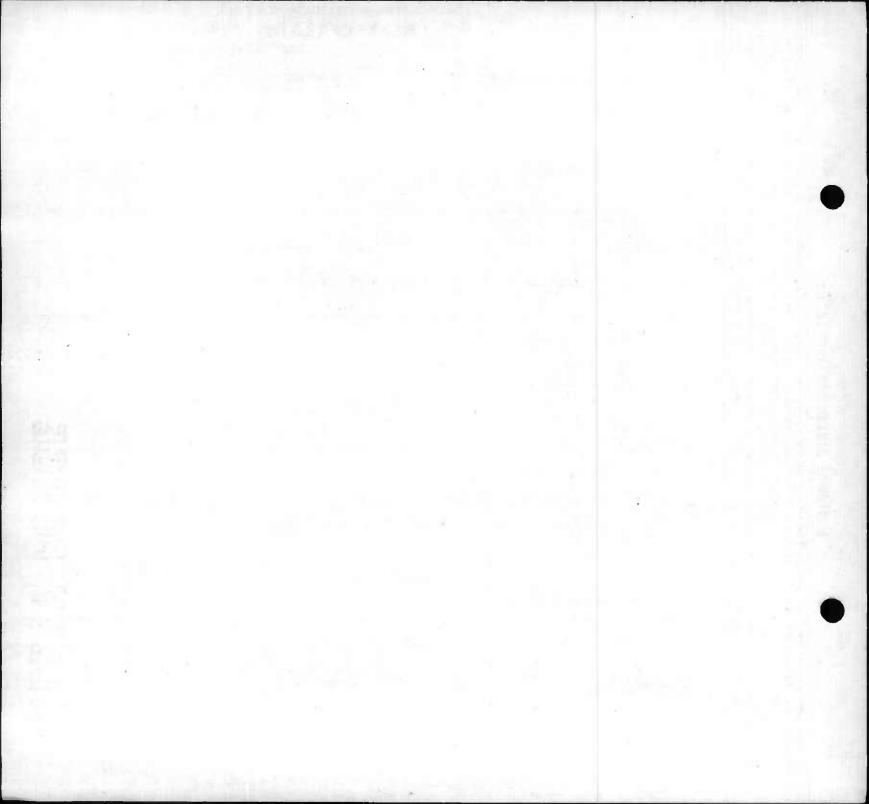
death was in regular attendance on

if the direct or contributing

prior to death.

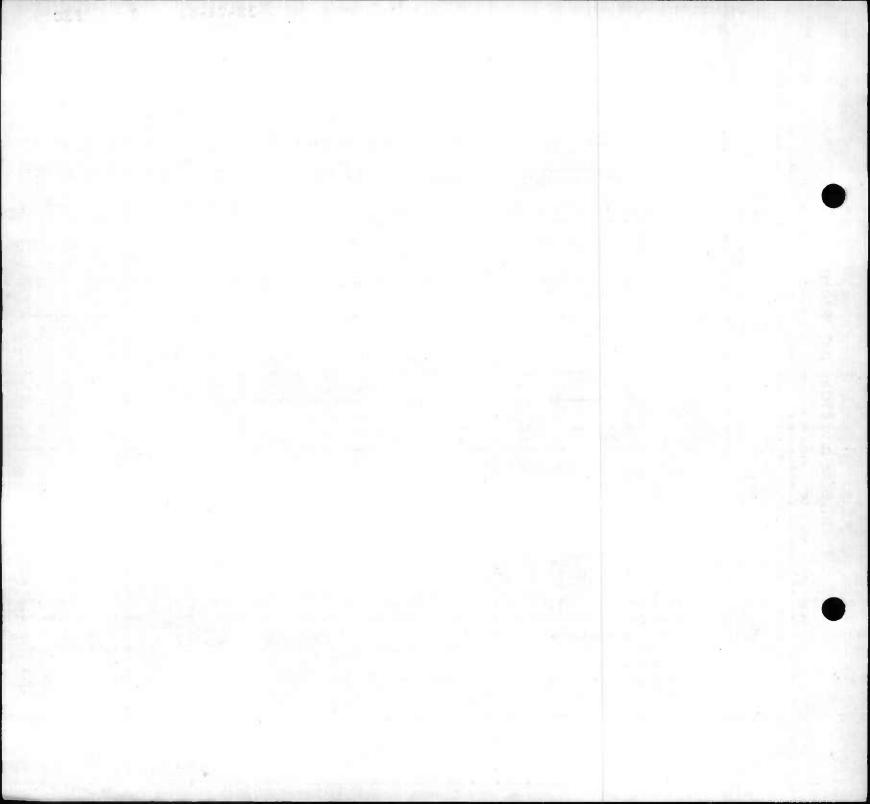
BA	ALTIMORE CITY H	ALTH DEPARTMENT		
BIRTH NO. 66 01930 66 04U87 C	ERTIFICAT	E OF DEATH	Registered No.	6 (14087
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	ND HOUR OF DEATH	
(Type or Print) BABY BOY	RAY "	2. DATE AN	4-15-66	730A
S. PLACE OF DEATH IN BALTIMORE, MARYLAND	4			stitution: residence before admission
FULL NAME OF (If not in hospital or institution, give stree HOSPITAL OR address or location) INSTITUTION	1 0	MD.	tside city limits, write R	URAL ond give township)
		BALTO.		
UNIVERSITY 105P			rurol, give location)	
		1301 KEN	HILL AUE	5.913
6. RACE OF THE SEX MARRIED, NEVER I WIDOWED, DIVOR OF THE SEX MARRIED, WIDOWED, DIVOR O	CED (specily)	4-15-66	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINES done during most of working life, even if retired)	SS OR INDUSTRY 11.	BIRTHPLACE (Stote or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	ME	
7		SANDIA	Cair Da	V
5. Was Deceased Ever in U. S. Armed Forces? 16. SOC	IAL 17	SANDICA (TAIL MA	ADDRESS
(Yes, no or unknown) (If yes, give war or dates of service) SEC	URITY NO.			
	CAUSE OF I	HOSP. CHAR	1436-10	INTERVAL BETWEEN
18. 7. 7.6 X 1	CAUSE OF I			ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH		IMMAT	URITY	8 8/60 HA
(This does not mean the mode of dying, e.g.,	DUE TO			X /60 17 K
heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)				
	(8)			
ANTECEDENT CAUSES	DUE TO	,	<u> </u>	u a mandra a ∮e a a a manara a a a a a a a a a a a a a a a a a
DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stoting the	(C)			
UNDERLYING CONDITION loss.				umuu uu 0 wa a a a a a a a a a a a a a a a a a a
II II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
198. CONDITION FOR WHICH C	PERATION	20A. AUTOPSY? (Yes or No	O) 208. IF YES, WERE F	INDINGS CONSIDERED USES OF DEATH?
U 121 A. ACCIDENT WAS UNDERLYING 1218, PLACE (OF INJURY (e.g., in o foctory, street, office	obout 21C. WHERE DID	(If in Boltimore	City, give exoct locotion)
<u>o</u>	0.000	21F, HOW DID INJ		
OF INJURY			TURY OCCUR?	
(APPROX.)	At Work			
22. I certify that (Hithis hospital) attended the dece	osed from		19 6C to	Y-15 1966
that (1) (we) last saw the deceased alive on	4-15	19 CC and th	nat in (aur) opin	nian death accurred an the de
and hour and from the causes stated above. (We) (
23A. SIGNATURE	1			23B. DATE SIGNED
1600 40000	M.D. Attendi	ng Med.	Stoff	4-15-66
23 C. PHYSICIAN'S	Phys.	Director	Phy s.	1-13 66.
NAME (Type)		ADDRESS	, ,	
ALBERT M. GOR	DON M.D.	UNIV	inletasit	AND
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of (CEMETERY DE CREM	ATORY JA 24D L	OCATION A TO	ty) idwing or county) (Stote)
APR 21 1986	********	CITY BEEN	CHI SCHO	OI .
25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGIS	TRAR UNIVE	PAC FUNERAL DIRECTO	WAL SUNU	DDRESS
APP 91 1000 A 2 30 0		MORTHARY	SERVICE -	BUND

V\$ 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

TRITITION WITH	67455 CC	MACIN	CEPTIFICA	TE OF DEATH	Registered No	68 04088
NAME OF DECE	ASED			2. DATE	AND HOUR OF DEATH	/2
Type or Print) RA	BY BOY O	PHAPMA	AN .	AI	PRIL 8, 196	6 1913 A M
PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	here deceased lived. If in	6 19/3 A M stitution: residence before odmission)
FULL NAME OF	F (If not in hospital	or institution of	uve steet	MARYLAND C. CITY OR TOWN (IF		
HOSPITAL OR	oddress or locotion		ive sireer	C. CITY OR TOWN (If	outside city (imits, write/	RURAL ond give township)
INSTITUTION				BALTIMORE	-	
UNIVE	SITY HOSP,	ITAL			((f rural, give location)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			222 S. CA	AL HOUN STRE	67
SEX	6. RACE	7. MARRIED,	NEVER MARRIED , DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months; Days Hours; Min.
M	CAUC.	Wiboweb	, arronded (specify)	4/8/66	July State of the	6 47
		10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fe	oreign country)	12. CITIZEN OF
one during most of w	varking life, even if retired)			BALTIMORE	MD.	WHAT COUNTRY?
FATHERS NAM				14. MOTHER'S MAIDEN N		
	JOE CH	unoman	/		JAKU BOWSK	<i>i</i>
	Ever in U. S. Armed For		1 6. SOCIAL	17. INFORMANT	J 11 V D DO COSK	ADDRESS
es, no or unknown)	(If yes, give wor or dote	es of service)	SECURITY NO.			
-				HOSP. REC	ORD 32-1	74-38
18.776	XI		CAUSE O	F DEATH		INTERVAL BETWEEN
	E OR CONDITION DIE	RECTLY				ONSET AND DEATH
	LEADING TO DEATH		(A) 7	REMATURIT	Y	6 hr. 47 min
	at mean the made of osthenia, etc. It means		DUE TO	,		
	plication which caused					
A	NTECEDENT CAUSES		(B)	***************************************		
DISEASES			505 10			1
DISEASES O	R CONDITIONS, if	ony, giving				
rise la lhe	R CONDITIONS, if above couse IA)		(C)	***************************************	00 M 0 M 0 M 0 00 0 0 0 0 0 0 0 0 0 0 0	
rise la lhe			(C)		***************************************	
rise Ia Ihe UNDERLYING	abave couse IA) CONDITION lost.	stating the			***************************************	
rise Ia Ihe UNDERLYING	abave couse IA) CONDITION lost, II FICANT CONDITIONS CONTROL CONDITIONS COND	stating the	5			
OTHER SIGNIF	abave couse IA) CONDITION lost, II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 1798, CON	Stating the			No) 208, IF YES, WERE I	FINDINGS CONSIDERED
OTHER SIGNIF	abave couse IA) CONDITION lost, II FICANT CONDITIONS CONDITIONS CONDITION CAUSING I	Stating the			No) 208, IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
other signift to the Distance of the Distance	abave couse IA) CONDITION lost, II ICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 179B. CON WAS PERI	CONTRIBUTING ATED TO THI IT. IDITION FOR V	OF THE PERMITTER OF THE	20A. AUTOPSY? (Yes or		
OTHER SIGNIF TO THE DE DISEASE OR (2 19A. DATE OF OR CONTRIBU	abave couse IA) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 1798. CONWAS PERI T WAS UNDERLYING TING CAUSE OF	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of		(If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion)
other signift to the DE DISEASE OR CONTRIBU	abave couse IA) CONDITION lost. II FICANT CONDITIONS CONTROL OF THE CONDITION CAUSING I OPERATION 198. CONWAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner)	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218. hom etc.)	PLACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or WO) n or obout 21 C. WHERE DID iffice b(dg., INJURY OCCUR?	(If in Boltimore	
OTHER SIGNIF TO THE DE DISEASE OR O 19A. DATE OF OR CONTRIBU DEATH (notify)	abave couse IA) CONDITION lost. II FICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 1798. CONWAS PERI T WAS UNDERLYING TING CAUSE OF	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hometc.) (Hour) 21E,	PLACE OF INJURY (e.g., ic, form, foctory, street, of	20 A. AUTOPSY? (Yes or WO) n or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	
other signification of the Description of the Descr	abave couse IA) CONDITION lost. II FICANT CONDITIONS CONTROL OF THE CONDITION CAUSING I OPERATION 198. CONWAS PERI T WAS UNDERLYING TING CAUSE OF medical examiner)	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hometc.) (Hour) 21E,	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred Not White	20 A. AUTOPSY? (Yes of Monor obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
rise la lhe UN DERLYIN G OTHER SIGNIF TO THE DE DISEASE OR (19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.)	abave couse IA) CONDITION lost. II IICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hometc.) (Hour) 21E, Whi	PLACE OF INJURY (e.g., in form, foctory, street, of injury occurred to the street occurred to the	20A. AUTOPSY? (Yes or K.O.) In or obout 21C. WHERE DID (fice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
or contribution of injury (APPROX.)	abave couse IA) CONDITION lost. II FICANT CONDITIONS C ATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year)	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of injury OCCURRED Not White At Work	20 A. AUTOPSY? (Yes or K.O.) In or obout 21 C. WHERE DID (ffice b(dg., INJURY OCCUR?) 21 F. HOW DID I	(If in Boltimore	City, give exact locotion)
rise lo lhe UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (0) 19.A. DATE OF 21.A. ACCIDEN OR CONTRIBU DEATH (nofily) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	abave couse IA) CONDITION lost. II FICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street, of the end of	20A. AUTOPSY? (Yes of Nor obout 21C. WHERE DID INJURY OCCUR?	NJURY OCCUR?	City, give exact locotion)
OTHER SIGNIF TO THE DE DISEASE OR OF 19A. DATE OF OR CONTRIBU DEATH (nofily) 21A. ACCIDEN OR CONTRIBU DEATH (nofily) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	abave couse IA) CONDITION lost. II ICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 1798. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street, of the end of	20 A. AUTOPSY? (Yes or K.O.) In or obout 21 C. WHERE DID (ffice b(dg., INJURY OCCUR?) 21 F. HOW DID I	NJURY OCCUR?	City, give exact locotion) 19 66 nian death accurred an the dat
or there signify to the Description of the Descript	abave couse IA) CONDITION lost. II ICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 1798. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of the stre	20 A. AUTOPSY? (Yes of Monor obout 21 C. WHERE DID Infice bidg., NJURY OCCUR?) 21 F. HOW DID I	(If in Boltimore NJURY OCCUR? 19ta	City, give exact locokon)
or ise la lhe UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR OF 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	abave couse IA) CONDITION lost. II CONDITION SC. ATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e.g., form, foctory, street, of the stre	20 A. AUTOPSY? (Yes or K.O.) In or obout 21 C. WHERE DID Iffice b(dg., INJURY OCCUR? 21 F. HOW DID I	NJURY OCCUR?	City, give exact locotion) 19 66 nian death accurred an the date
or there signifies to the UNDERLYING OTHER SIGNIFIO THE DE DISSEASE OR CONTRIBU 21 A. ACCIDEN OR CONTRIBU DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23 A. SIGNATUI 23 C. PHYSICIAL	abave couse IA) CONDITION lost. II IICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state RE . B. L. L.	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street of INJURY OCCURRED Not White At Work (e.g., in the deceased fram 1) (We) (did) (did nat) which is deceased from 1	20 A. AUTOPSY? (Yes or K.O.) In or obout 21 C. WHERE DID Iffice b(dg., INJURY OCCUR? 21 F. HOW DID I	NJURY OCCUR? 19 ta 4 that In(my) (aur) apin	City, give exact locotion) 19 66 nian death accurred an the date
orther signification of the Depth of the Dep	abave couse IA) CONDITION lost. II IICANT CONDITIONS CONDITIONS CONDITION CAUSING I OPERATION 198. CON WAS PERI IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state RE . B. L. L.	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the	PLACE OF INJURY (e.g., in e., form, foctory, street of INJURY OCCURRED Not White At Work (e.g., in the deceased fram 1) (We) (did) (did nat) which is deceased from 1	20A. AUTOPSY? (Yes or K.O.) In or obout 21C. WHERE DID fine bidg., INJURY OCCUR? 21F. HOW DID I	NJURY OCCUR? 19 ta 4 that In(my) (aur) apin	City, give exact locotion) 19 6
orther signification of the control	abave couse IA) CONDITION lost. II CONDITION lost. CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeon) that (I) (this hospital last saw the decease from the causes state RE B Kelly N'S pe)	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi Wor 1) attended the dalive an ted abave. (1)	PLACE OF INJURY (e.g., inc., form, foctory, street, of the form, foctory, street, of the foctory). INJURY OCCURRED In At Work At Work At Work In deceased from	20A. AUTOPSY? (Yes of Note of	If in Boltimore NJURY OCCUR? 19ta	19 66 nian death accurred an the dat 238, DATE SIGNED 4/8/66
orther signification of the control	abave couse IA) CONDITION lost. II FICANT CONDITIONS CONTROL ACTION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Year) that (I) (this hospital last saw the decease fram the causes state of the cause of t	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi Wor 1) attended the dalive an ted abave. (1)	PLACE OF INJURY (e.g., inc., form, foctory, street, of INJURY OCCURRED Le At Not White At Work At Work At Work M.D. Attention	20A. AUTOPSY? (Yes of Note of	NJURY OCCUR? 19 ta 4 that In(my) (aur) apin	19 66 nian death accurred an the date 238, DATE SIGNED 4/8/66
rise la lhe UNDERLYING OTHER SIGNIF TO THE DE DISSASE OR CO 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (notify) 22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty) AA. BURIAL CREA REMOVAL (S)	abave couse IA) CONDITION lost. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease fram the causes state RE WS Per AATION, 248. DATE Pecify) APR 2	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the dalive an ted abave. (1)	PLACE OF INJURY (e.g., ine, form, foctory, street of INJURY OCCURRED le At Not White deceased fram	20A. AUTOPSY? (Yes of Note of	If in Boltimore NJURY OCCUR? 19ta	19 66 nian death accurred an the date 238, DATE SIGNED 4/8/66
rise la lhe UNDERLYING OTHER SIGNIF TO THE DE DISEASE OR (OR CONTRIBU DEATH (notify) 21A. ACCIDEN OR CONTRIBU DEATH (notify) 22. I certify that (I) (we) and haur and 23A. SIGNATUI 23C. PHYSICIAI NAME (Ty) AA. BURIAL CREA REMOVAL (S.	abave couse IA) CONDITION lost. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease fram the causes state RE WS Per AATION, 248. DATE Pecify) APR 2	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED 218, hom etc.) (Hour) 21E, Whi Wor 1) attended the dalive an ted abave. (1)	PLACE OF INJURY (e.g., ine, form, foctory, street of INJURY OCCURRED le At Not White deceased fram	20A. AUTOPSY? (Yes of Note of	If in Boltimore NJURY OCCUR? 19ta	19 66 nian death accurred an the date 238, DATE SIGNED 4/8/66
TISE IN THE UNDERLYING OTHER SIGNIFITO THE DE DISEASE OR (OTHER DE DISEASE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATURE (Type DISEASE OR (OTHER DE DISEASE OR (OTHER	abave couse IA) CONDITION lost. II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PER! IT WAS UNDERLYING TING CAUSE OF medicol exominer) (Month) (Doy) (Yeor) that (I) (this hospital last saw the decease fram the causes state RE WS Per AATION, 248. DATE Pecify) APR 2	CONTRIBUTING ATED TO THI IT. IDITION FOR V FORMED (Hour) 21E. Whi Wor I) attended the dalive an ted abave. (1)	PLACE OF INJURY (e.g., ine, form, foctory, street of INJURY OCCURRED le At Not White deceased fram	20A. AUTOPSY? (Yes of Note of	If in Boltimore NJURY OCCUR? 19ta	23B, DATE SIGNED #/8/66 Y LAND (Stote)



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

A.E. CASE NO. NAME OF DECEASED	GENTIN TOTAL	TE OF DEATH Regist	tered No. 66 04089
		2. DATE AND HOUR	OF DEATH
Theodore J. V	an Leeuwen	April 19.	1966 f lived. If institution: residence before admiss
FULL NAME OF (If not in hospital or instinated of the control of t	D	4. USUAL RESIDENCE (Whose doceosed A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city Ii	21-18
Sinai Hospital		Baltimore D. STREET ADDRESS (If rurol, give to 5205 Wilton Heigh	locotion)
SEX 6. RACE 7. MA	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In	
	Nidowed (specify)	May 15, 1879 tost birthdo 86	y) Months Doys Hours Mir
one during most of working life, even if retired) Shirt Ironer Mar.	lboro Shirt Co.	Holland	WHAT COUNTRY?
FATHER'S NAME	roore Surre co.	14. MOTHER'S MAIDEN NAME	U.S.A.
Theodore Van Leeuwe	en	3	
was Deceased Ever in U. S. Armed Forces? es,no or unknown) (If yes, give wor or dotes of se No	16. SOCIAL SECURITY NO. 213-10-5303	Mrs. Alma B. Horan s	ame address as above
DISEASES OR CONDITIONS, if ony, rise to the above cause (A) staling UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRITO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	g the (C)	nendy dilen	ischen 10 yrs
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 208. IF Y	YES, WERE FINDINGS CONSIDERED
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME	218. PLACE OF INJURY (e.g., in	n or obout 21 C. WHERE DID (If	in Bollimore City, give exact tocotion)
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical expire)	nane	n or obout 21C. WHERE DID (If ffice bldg., INJURY OCCUR?	in Bollimore City, give exact tocohon)
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, slieet, of etc.)	21F. HOW DID INJURY OCCUR?	-
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hou OF INJURY (APPROX.) 22. I certify that (I) (this haspital) often that (I) (we) lost sow the deceased ally	218. PLACE OF INJURY (e.g., in home, form, foctory, slieet, of etc.) 218. INJURY OCCURRED White At Not White At Work Indeed the deceased from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCU	ot Sina. Hopel 10 Opril 18 19 6
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21. A. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21. D. TIME (Month) (Day) (Year) (Hou of INJURY (APPROX.) 22. I certify that (I) (this haspital) attention of the couses stated ob 23A. SIGNATURE	218. PLACE OF INJURY (e.g., in home, form, foctory, slieet, of etc.) 218. INJURY OCCURRED White At Not White At Work anded the deceased from	21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCU 19	ot Sina. Hopel 10 Opril 18 19 6
19A. DATE OF OPERATION 198. CONDITION WAS PERFORME 21A. ACCIDENT WAS UNDERLYING DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hou of injury (APPROX.) 22. I certify that (I) (this haspital) attention that (I) (we) lost sow the deceased olly ond hour and from the causes stated ob 23A. SIGNATURE 23C. PHYSIQLANS NAME (1902) MILTON	218. PLACE OF INJURY (e.g., in home, form, loctory, slieet, of etc.) 21E. INJURY OCCURRED White At Not White At Work and the deceased from the core of the core of the core of the core. (did not) white the core of the co	21F. HOW DID INJURY OCCUR? 22F. HOW DID INJURY OCCUR? 22	Organie de

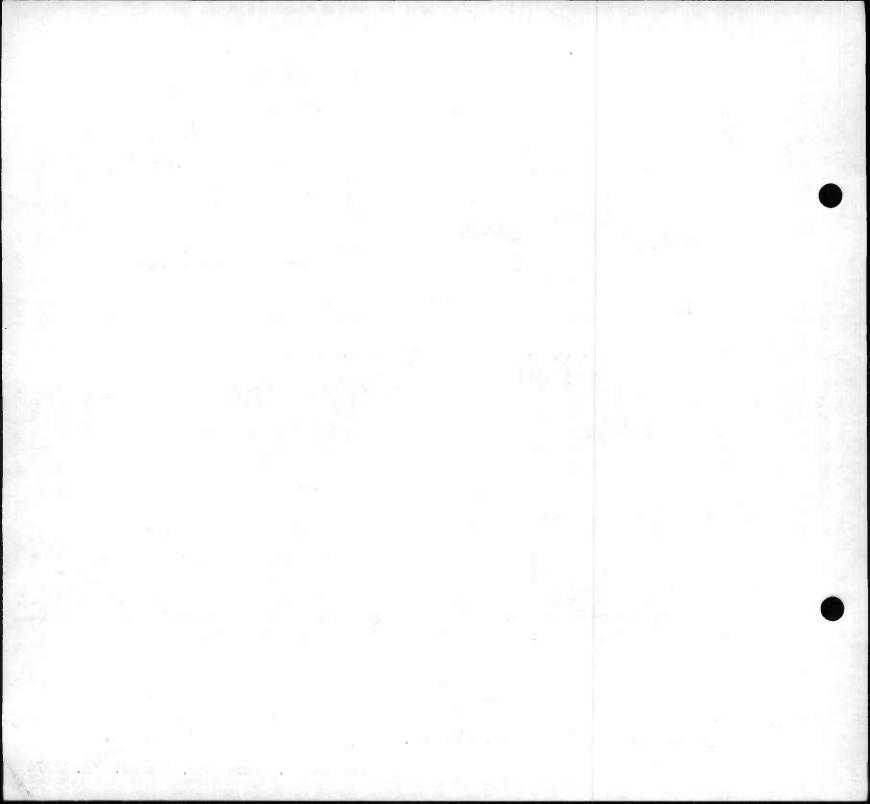
Entert Varadan House Dealeller 25 ... Tuesty- William Fey Wester & Former > 421-56 MITTER & LOWINSON STATE PARTIES HEREIT STEEL

1701 Laurens Street, BAlto, Md. 21217

Sensyani (error in the Lencotron error of the E. St. - PC-TOTAL TOTAL TOTAL TOTAL

-	
	7007
	at at a
	- 0 0 L
	B 00 -
	# 0 D o i
	900
	5 5 5 P
	100 0 1/
	0 5 6 7
	- 00 - 0
	B.E 0 0 E .
	o to had
	76.5700
	STEDSE
	0 C 0 D S
	TO TO E
	p - b - b o
	Si Si
	he he
-	- 64
FUNERAL DIRECTOR: IMPORTANT	E 5 4 5 5
4	P 0 0 0
	is d d in d d
8	2 - > - E -
Ö	o de a
-	4 0 L
3	7500 = 0
_	OASEBE
**	P - 1 - 1 - 1 - 1
H	and
2	E . L . O D O
5	D 14 4 0 0
W	XXX
~	O C E E S
0	ST SE
	di ici
4	9 7 C 9
2	ב ה של ם ב
W	d dy
Z	H P O H
	by Co
14	5 1 2 5 ct
	+ B e o
	d × r
	d + + (9)
	94 6 7 7
	O O X
	4 = 0 p d
	0 0 0 0
	0 1 0 0 4 4
	ba pin
	st as as de de
	5 9 1
	E 0 0 0 + 0
	5 000
	Pr.
	作ってる。
	F 70000
	0 0 S 0 0
	S S S S
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	トナマネロネ

66 1	14091 BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. 66	CERTIFICA	ATE OF DEATH Registered N	10.66 14091
M.E. CASE NO.		2. DATE AND HOUR OF DEA	0.10
IT Bird	A SCHUER	4/20/	1.1 12:15 M
3. PLACE OF DEATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where decedsed lives.	
		A. STATE B. COUNTY	21-4
HOSPITAL OR oddress or location	or institution, give street	C. CITY OR TOWN (If autside city limits, wr	ite RURAL and give township)
MUSTINION / AUD	(=18001	BALTIMORE #14	,
MIN LAND	GENERAL	D. STREET ADDRESS (If rural, give lacotion)	
,	-	3314 Tchotale	AYE
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 His. Manths: Days Hours Min.
MW	WIDOWED, DIVORCED (specify)	9 kg B2/ lost bightdoys	74.0
10A. USUAL OCCUPATION (Give kind of work	108, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country)	12. CITIZEN OF
dane during most al warking life, even if retired)	Grocer	BOUTO MD	WHAT COUNTRY?
13. FATHER'S NAME	9-00-00	14. MOTHER'S MAIDEN NAME	71,
	(T. O.	- Anna T	nahe
HERMAN KASCHA	EK		
5. Was Deceased Ever in U. S. Armed For (Yes, na or anknown) (If yes, give war or date	s of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
NO		AUGUST THIE	SAME
1B. 44 4 1 X	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIE	RECTLY	20- A	ONSET AND DEATH
LEADING TO DEATH	(A) 58 /	ABDOMINAL ADRTIC ANEURY	SM regard
(This does not meon the mode of heart failure, astherio, etc. It means	the disease		
injury or complication which caused	deoth.)	TED INCLUE POSICE	ERAP RALLERA
ANTECEDENT CAUSES	(B)	ACCADE HCAD	W GALLES
DISEASES OR CONDITIONS, II	ony, giving	CTER 10 SCLEROSIS - C ASCVD + HCUD OBABLE BRUNCHPNEUMO	4
rise to the obove couse (A) UNDERLYING CONDITION iost.	sloting the (C) 1/5	DBABLE BRONCHIVEUM	
OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING		
OTHER SIGNIFICANT CONDITIONS CONTINUES OF THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING	TED TO THE CHRUNIC	EMPHSEMA -	
U 19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes at Na) 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
	RTIC MMURYSM	100	GROSES OF BEATTE.
OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., hame, larm, factory, street,	in ar about 21C. WHERE DID (II in Balti office bldg., INJURY OCCUR?	mare City, give exact lacation)
DEATH (notify medical examiner)	etc.)		
OF INJURY (Manth) (Day) (Year)	(Hour) 21 E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
₹ (APPROX.)	While At Not Wh		
22. I certify that (1) (this haspital		11/2	4/20 1966
	1 .	4	/ /
that (I) (we) last saw the decease	1	19.6. a ond that in (my) (our)	opinion death occurred on the dat
and have and from the couses sto	ed obave. (1) (We) (did) (did not)	view the body after deoth.	
234 SIGNATURE	Odno a M.D. A	ttending Med. Stall	23 B. DATE SIGNED
Dailes No	M.D. PH	ys. Director Phys.	4/20/66
23C. PHYSICIAN'S NAME (Type)	(23D. ADDRESS	1/
	M.D		/
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or C		(City, town, or county) (State)
Entombrent 4/23/	66 Lorraine Pk. 1	Mausoleum Baltin Leonard J. Ruck Inc.	nore, Md.
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
APR 21 1066 A	2070	Leonard J. Ruck Inc.	Balto. Md. 21214
V\$ 150-REV. 1/1/65	L. J. 25 . 1523 U 118		,



11-414

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

DIK	in No.	IV	ALDICAL E	VAMILLEY 2 CI	EKTIFICA	I E Or	DEATH Regist	ered No		
	E CASE NO.	- Aces	An			1-				16
(Ty	Pe or Print)		M.				AND HOUR PRONOUNC	CED DEAD		
2 8	H ACE IN BALTI		E MELVILLE			Ap	ril 19, 1966		3:30	P M.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION) INSTITUTION					C. CITY OR TO	fary1a	side corporate limits, wri	UNTY		
	30	004 Barcl	ay St I	AOOA			arclay St.			
5. S	emale	White		NEVER MARRIED DIVORCED (specify)	Nov. 25,		9. AGE (In years lost birthdoy) 82		1 Yr. II Und Days Hours	
don	Hous	ewife	retired)	n Home	Ma	ryland	1	12. CITIZ WHA	USA	
13.	FATHER'S NAMI		achi Scall	еу	14. MOTHER'S M	AIDEN NA	Catherine	Duke		
			ARMED FORCES? or dotes of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES:	5	
(163	No.	ii yes, give war	or dotes of service	212-09-5714	Miss Ire	ne E.	Scalley 401	Calvi	n Ave.	#18
CERTIFICATION	DISEASES OF RISE TO THE UNDERLYING	ABOVE CAUSE G CONDITION II IFICANT CONDI DEATH BUT N CONDITION CA	S, IF ANY, GIVING (A) STATING THE LAST. ITIONS CONTRIBUT OT RELATED TO AUSING IT.	(B)	20A AUTOPSY	7 (Yes a)	(o) 208. IF YES, WERE F	NDINGS C	ÓN SIDEBED	
	0	W	AS PERFORMED		no		IN CERTIFYING CAU	SES OF DE	ATH?	
O	21 A, EXTERNAL UNDERLYING UTING CAUS 21 D TIME OF INJURY	OR CONTRIB-	horn etc.	PLACE OF INJURY (e.g., i ee, form, foctory, street, o	ffice bldg., INJURY	OCCUR?	O (If in Soltimore City, g	ive exoct lo	cotion)	
	(APPROX.)		m.	WHILE AT NOT W	ORK					
	ACTUAL SIGNATU EXAMINE	ER'S	Tour X	Inspection X Aut. Accident Succide M-D. enecker, M.D.	CHIEF MI	de EDICAL EDICAL		er 🗌	DATE SI 4/20/66	
23A REA	NAME (T BURIAL CREM NOVAL (Specify)	ATION, 23B. D.	ATE 2	3C. NAME OF CEMETERY OF		23 D	LOCATION (City	, town, or (county)	(Stote)
	Burial			lew Cathedral (Baltimor			
24A	APR 2	1 1966 (j	Cly 5 E.	OF REGISTRAR	Leonard		uck Inc. Bal		. 21214	ŀ

Hov. 25, Par. your on the fall Untillerine United 212 00 1710 Pass Truss E Sentlaw | On Colvention West Surgal | 5/23/65 | Kew Catherinal Counters | Faltstorn No. Leanned J. Buck Inc. States, St. 21214

		66 04093 BALTIMORE	CITY HEALTH DEPARTMENT 66 114093
		H NO. CERTIFIC	CATE OF DEATH Registered No.
	1. N	. CASE NO. AME OF DECEASED Katherine	2. DATE AND HOUR OF DEATH
	{Тур	e or Printly Rotel MRS VALE G	G. 4/20/66 - 3:20/P.M. M.
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE
	H	ULL NAME OF (If not in hospital or institution, give street oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	- 11	CAURCH HOULE DWD	. Bn (+imore MD (
5	5	CHURCHT Metace	D. STREET ADDRESS (If rurol, give location)
		Hospitah.	2903 E. Northern Parkway
	5. S	Exale 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDU:	STRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done	Housewite	MD RMERICANT
	13. 1	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
		GRORGE LOALTVATER	late laumsaver
	15.	Was Deceased Everyin U. S. Armed Forces? 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	(163	, no or unknown) (If **)s, give wor or dotes of service) SECURITY NO.	Mr. Louis G. Rokel (Same)
			SE OF DEATH INTERVAL BETWEEN
		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
		LEADING TO DEATH	Tulivonary Emblorm minutes
		(This does not meon the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	
		injury ar camplication which coused death,)	
		ANTECEDENT CAUSES (B) DUE TO	
		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the (C)	
		UNDERLYING CONDITION Iosi.	
	z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	rio sclendi Heart surane
	ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	her nie le ulcers to lateral
	FIC/	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes o No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	ERTIFIC,	0	
		OR CONTRIBUTING CAUSE OF home, form, foctory, stree	e.g., in or obout 21 C. WHERE DID (If in Baltimore City, give exact location) et, office bldg., INJURY OCCUR?
	U	DEATH (notily medical examiner) etc.)	
	MED	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY While At Not	While
			Work
		22. I certify that (I) (this haspital) attended the deceased from	
		that (1) (we) last sow the deceased alive an	19 6 and that in (my) (our) apinion death occurred on the date
		ond hour and from the couses stated above. (1) (We) (sid) (did no	
		23A. SIGNATURE M.D.	Attending Med. Stoff (4)
		A Harry	Phys. Director Phys. 4/20/00.
		(NAMAE (Type)) AZ ED, &	23D. ADDRESS
	0.14	In 116 Suborgy	The Cullet of the North
	ZAA	BURIAL GREMATION, 248. DATE 24C. NAME of GENETERY OF	
	261	Burial 4/23/66 Parkwood (
	25A	DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR
		APR 21 1966 (C. F. E. Farluna	J. J. Nack, dre. Pallo, Mb.

Alleron Comments him

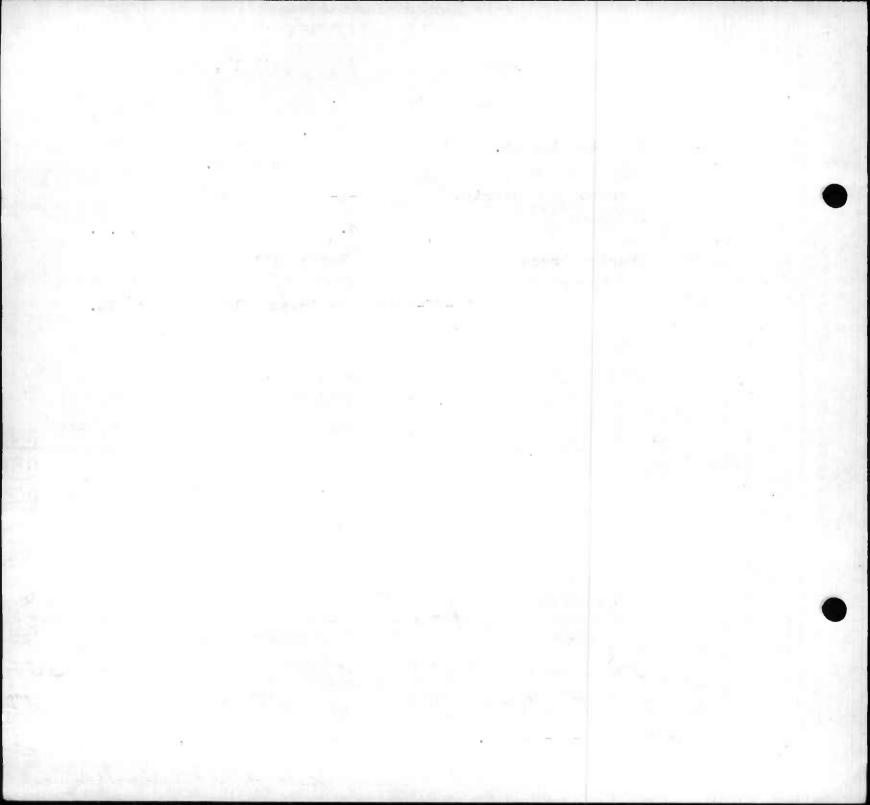
and the second second

To the control of the

FUNERAL DIRECTOR: IMPORTANT

an eat ase th th	
f d ece	
osp e o 5) D nce leaf	
a h e; (nda	
in gaus	d
utin ed o bed o	
trib trib min gul	
con con re- ced	
or Inde is ir	ш
if dect www. wathe	
dir dir dir on l dir	
the the kin de de fina	
s as if any ced nda or	
Also oun oun ned	
or church	
fra fra goll	
exar exar 3) A wh m re	
al al s; (3)	
edic surn hysi	
dy be ple	
ch Bo th hys	
the distributed by the population of the populat	
spin by hure (b) N	
ove na cep	
an)	
be a be a t of it of ital ath)	
den den de	
rel acc acc	
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc written approval must be obtained before the remains are embalmed or final disposition is made.	
ody (1) sed	
e be ows	
されたいまする	

	0.0	40.00	BALTIMORE CITY	HEALTH DEPARTMENT		1.61
BIRTH NO.	66 04	1095	CERTIFICA	TE OF DEATH	Registered No.	66 1141195
M.E. CASE NO. 1. NAME OF DE (Type or Print)	CEASED	i Green	n		AND HOUR OF DEATH	
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			here deceased lived. II	institution: lesidence before admission
HOSPITAL OR	address or lacatio	n)		Balto.		RURAL and give township)
	3106 Barkela			3106 Barke		RCLAY
5. S EX M	Negro	mari		8. DATE OF BIRTH 2-1-00	9. AGE (In years lost bighday)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	CUPATION (Give kind of war if working lite, even if retired)	k 10B. KINO O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or la	oreign country)	12. CHIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NA	Charles Gre	en		14. MOTHER'S MAIDEN N Hatie Ha]		136
5, Was Decease Yes, no or unknov	od Ever in U. S. Armed Fo vn) (If yes, give wor or dole	rces? es ol service)	16. SOCIAL SECURITY NO. 212-22-2219	17. INFORMANT Emma Green	3106 Barl	ADDRESS kclay St.
18. 4 4	ASXI		CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
	ASE OR CONDITION DI LEADING TO DEATH		(A) Ce	erebral Hemorrh	nage	Instant
heart failure	not meon the mode of , osthenio, etc. It meons implication which coused	the disease,		pertensive Car	diovascular	
injuly of co	ANTECEDENT CAUSES			teriosclerosis		10 years
iise to f	OR CONDITIONS, if the above couse (A) NG CONDITION lost.			Labetes	00	8 years
E TO THE	II NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	ATED TO TH				
		DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRI	ENT WAS UNDERLYING DUTING CAUSE OF		ne, form, foctory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?		Die City, give exoct locotion)
21D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Year)		INJURY OCCURRED Not While At Work	21 F. HOW DID I	NJURY OCCUR?	10
22. I certif	y that (1) (this hospita	l) attended t	the deceased fram	eT -	1962 10 9	and 19- 1966
	o) last sow the decease		7	iew the body ofter deat		olnion death occurred on the dat
Z3A. SIGNAT	AX. Co	rowi	M.D. Alle	ending Med. Director	Stolt Phys,	23B. DATE SIGNED
ROBE 24A. BURIAL CR REMOVAL	ERT CEMATION, 24B. DATE	HEA 24C.N	AME OF CEMETERY OF CRE			ST ONTO, N City, town, or county! (Stote)
Buris	D BY HEALTH DEPT.	258. NAME	of REGISTRAR	metery E	saltimore,	Maryland
VS 150-REV. 1/1	1 1966 R.O.	Ir E. da	Talkey M.M.	Stog ke	stn 1348	Calpour St
				V		

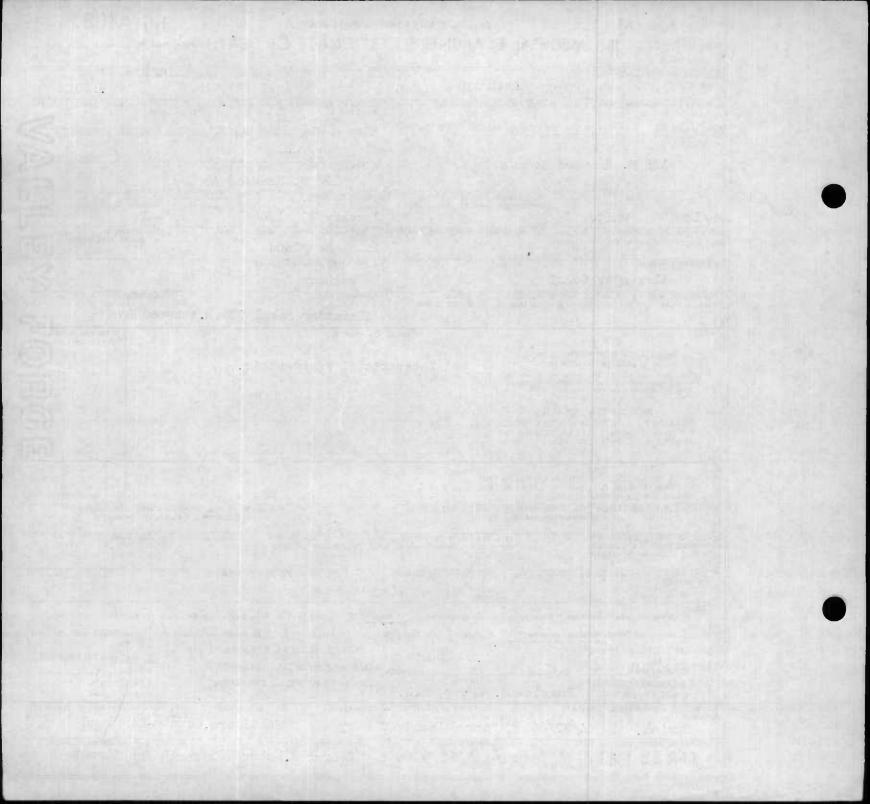


MRTH NO. 66 (14)	BALTIMORE CITY	HEALTH DEPARTMENT	0 % 4000			
	CERTIFICA	TE OF DEATH Registered Na.	6 04096			
M.E. CASE NO.		2. DATE AND HOUR OF DEATH				
DILLOW, Mary Ann		April 20, 1966	12:00 NOON,			
3. PLACE OF DEATH IN BALTIMORE, MARYL	AND	4. USUAL RESIDENCE (Where deceased lived, II in:	stitution: residence before odmissian)			
FULL NAME OF (If not in hospital or i	nstitution, give street	West Virginia	1-45			
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, write R	URAL ond give township)			
U.S. Public Health	Service Hospital	Charlestown				
31st Street & Wyman		D. STREET ADDRESS (If rurol, give location)				
Baltimore, Maryland	21211	110 S. Lawrence Street				
FEM CAUC	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	JULY-8-1929 9. AGE (In years lost birthday) 36	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.			
10A, USUAL OCCUPATION (Give kind of work 108 done during most of working life, even if retired)	R. KIND OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?			
Housewife	None	West Virginia	U.S.A.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
Mike Cotta		Margaret Bagent				
15. Was Deceased Ever in U. S. Armed Forces' (Yes, no or unknown) (If yes, give wor or dates of	service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
NO	236-42-0625	Records - U.S.P.H.S. Hosp				
18.20431	CAUSE O	F DEATH	ONSET AND DEATH			
DISEASE OR CONDITION DIREC		(-1+i-1	-			
(This does not mean the made of dy	ing, e.g., DUE TO	ultiple pulmonary infarcts andocarditis of tricuspid	Days			
heart failure, osthenia, etc. It means the injury at complication which coused de	oth.)	*				
ANTECEDENT CAUSES	DUE TO	Acute myelogenous leukemia	Months			
DISEASES OR CONDITIONS, if any						
UNDERLYING CONDITION last.	(6)	***************************************				
OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING NECTO	tizing dermatitis, days dur	ation			
DISEASE OR CONDITION CAUSING IT.	Necro	tizing colitis, days durati	on			
WAS PERFOR		20A. AUTOPSY? (Yes of Not 20B. IF YES, WERE FIN CERTIFYING CAL	JSES OF DEATH?			
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID Of in Boltimore fice bldg., INJURY OCCUR?	City, give exact location)			
	Hour 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
APPROX.)	While At Not While At Work					
22. I certify that XX (this hospital) a			11 20 10 1966			
that M) (we) last somether described	dive as Annil 20	19 66 and that in (A) (aur) api				
and haur and from the causes stated	//		nian death accurred an the date			
23A. SIGNATURE	upave. (It me) (did) (Italian)	lew the bady after death.	23B. DATE SIGNED			
NAOmas //s	M.D. Atte	ending Med. Stoll				
22C. PHYSICIAN'S NAME (Type)	Phy	Med. Stoll Phys. X 23D. ADDRESS	April 20,1966			
	eon (R) M.D.	U.S.P.H.S. Hospital, Baltin	nore, Maryland			
Thomas J. Lau. Surg	24C. NAME of CEMETERY OF CRE		y, town, or county) (Stote)			
Burial 4-23-196	66 Muriel Cem.	Harpers Ferry	,W.Va.			
25A. DATE SEC. D SY HEALTH DEPT. 25	E MAME OF REGISTRAR	F.C. Higinbothom, Ellicot	ADDRESS			
VS 150-RFV, 1/1/65		for Welvin T. Strider I				

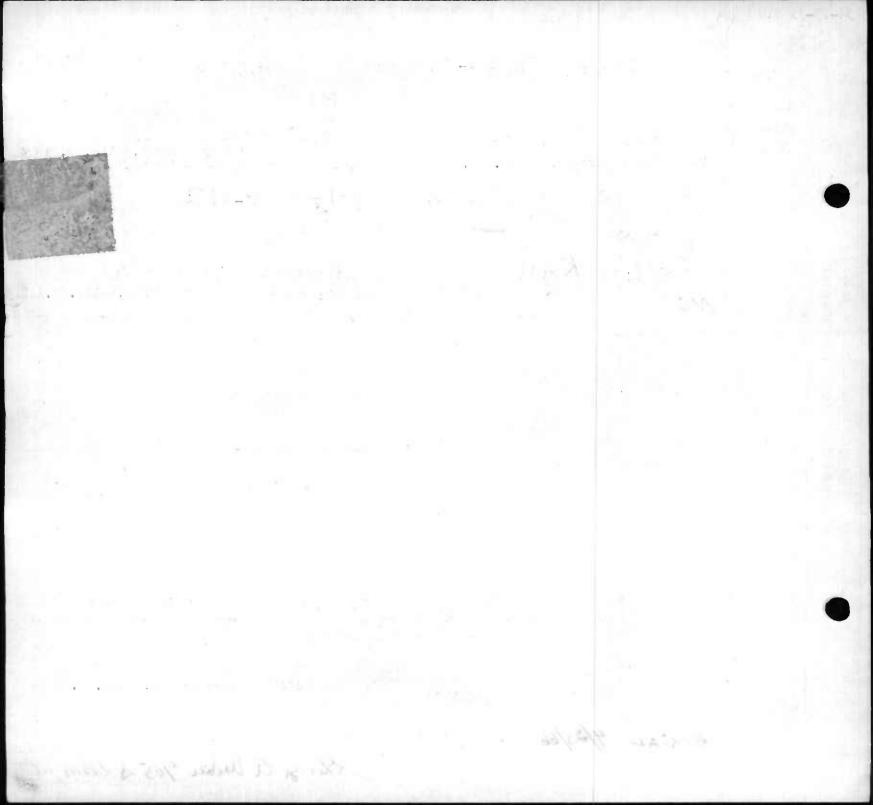
handalar, after a difficult for shear 1500000 for The second secon 6.

when you have to say it will

1	66	04097		BALTIMORE CITY HEAL	TH DEPARTMENT		(66 040	97
5240			ICAL EX	KAMINER'S CI	ERTIFICATE	OF DE	ATH Register	ed No	
	1. NAME OF DE	CEASED GEORG	E Anth	nony SOKAL		April	21, 1966	, 9	20 A
and the second	3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESIDEN	CE(Where de	ceosed lived. If instit	tution: residence	M. before odmission
4100	FULL NAME OF	HE NOT IN HOSPIT	AL OR INISTIT	UTION, GIVE STREET	Maryl	and			
	HOSPITAL OR	ADDRESS OR LOCA	ATIONI	SHOW, GIVE STREET			orporote limits, write	RURAL and give	to wnship)
	129	8 N. Kenwood	Assonito		Balti			60	0
00	120	N. Kellwood	Avenue		D. STREET ADDRESS	-	od Avenue		
	5. SEX	6. RACE	7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	· ICCIIWO	9. AGE (In years	If Under 1 Yr.	If Under 24 Hrs.
	Male	White	WIDOWED,	DIVORCED (specify)	January 27	1966	last birthday	Months, Days	
DV Let The Board			kTOB. KIND O	F BUSINESS OR INDUSTRY		•	country)	12. CITIZEN OF	
	done during most of	working tife, even if retired)	-11		Mary	land		WHAT COL	NTRY?
	13. FATHER'S NAM	AE			14. MOTHER'S MAID	DEN NAME			
	Ale	exander Sokal			Barbara	Zack			
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
					Alexander	Sokal	128 N. Kenwa	ood Ave	
	1B. 3	5 X I		CAUSE	OF DEATH				VAL BETWEEN
	DISEA	SE OR CONDITION D	RECTLY						
	(This does	LEADING TO DEATH	dying, e.g.,	(A) Inters	titial Pneu	monitis	•		
	injury or co	, asthenia, etc. It means mplication which caused	death.)						
100 St. School of 100 St.		ANTECENDENT CAUS	ES						
		OR CONDITIONS, IF A		DUE TO			•••••		
ALL DESCRIPTION OF THE PARTY OF	UNDERLYI	NG CONDITION LAST.		(C)	4				
	OTHER SIG			1 07					
	OTHER SIG	NIFICANT CONDITIONS							
	E DISCASE O	R CONDITION CAUSING	G IT.	***********************					***************************************
	19A, DATE OF	F OPERATION 198. CON		WHICH OPERATION			E IF YES, WERE FIN		
	21 A. EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	Yes	ERE DID (If i	n Boltimore City, giv	e exact lacation)	Yes
	UNDERLYING DEAL	OR CONTRIB-	home etc.)	e, form, foctory, street, o	ffice bldg., INJURY O	CCUR?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
MANAGEMENT OF STREET	E 21 D TIME	(Month) (Doy) (Yeo	r) (Hour) [TE, INJURY OCCURRED	21 F. HOW	DID INJURY	OCCUR?		
	OF INJURY (APPROX.)		,		WHILE				
	22.			WORK L AT W	pomo-j				
		tify that I held on I					basis, deoth In m		
	resu	Ited from: Notural ca	uses	Accident Suicide			letermined monne	r	
	ACTUA	L ()/	. (.)	15	CHIEF MED			DA	TE SIGNED
	SIGNAT		ull !	M. D.	ASSOCIATE MED			4/2:	1/66
	NAME (rles S.	Petty, M.D.	AJJOCIATE MED	TOAL LAA			
	23A. BURIAL CRE REMOVAL (Specif	(v)		C. NAME OF CEMETERY O		23 D. LOC		town, or county)	(State)
	Buria	1 4/22/		Sacred Heart O			more, Count		
		2 1966 Poly	-	OF REGISTRAR	George		705 South	Ann Str	
	HILLS	1200 APPR	A C' A	Trough 1/4	4002 60		50000		



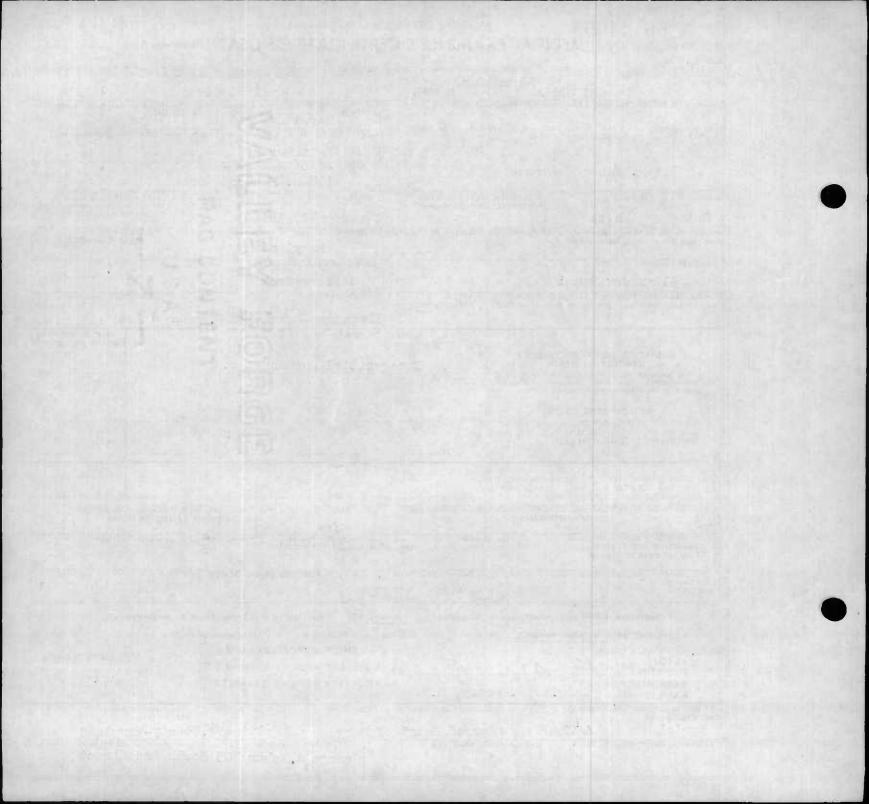
BIRTH NO. 66 114U98		HEALTH DEPARTMENT	. 66 04098
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered No.	60 .14095
1, NAME OF DECEASED (Typo or Print) BARAN, TE	EKKA- Tekla Ba		830 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	D	4. USUAL RESIDENCE (When deceased lived, If	institution: residence before admission
FULL NAME OF (If not in hospital or insti	tution, give street	C. CITY OF TOWN (If outside city limits, write	RURAL and give township)
INSTITUTION	Hosp	BALTIMORE	NORAL one give township)
BALT. CITY	1034	D. STREET ADDRESS 49 40 TURE give location)	venue Balto Md. 2122
4940 Eastern Avenue, Bal		(2) 5 OLD WAS	TING-I ON NOD, ELE
F W. W	ARRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthdown) 72-72	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, Kind one during most of working lite, even if retired)	IND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) POLAND	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	***************************************
FLORIAN KAN	A	CATHERINE KAD	ULSKI
5. Wos Deceased Ever in U. S. Armed Forces? Yes, no or unknown! (If yes, give wor or dotes of se	16. SOCIAL SECURITY NO.	RECORDS: BCH 4940 Eastern	Avenue, Balto. Md. 21
18. 4-91XI	CAUSE C	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY	,	P	15 10.18
(This does not mean the made of dying		Incumoria.	Isaays.
heort foilure, osthenio, etc. It meons the d injury or complication which caused death.		3 A biration	
ANTECEDENT CAUSES	(B)	, 113 priarique	
DISEASES OR CONDITIONS, if ony, rise to the obave couse (A) slotin			
UNDERLYING CONDITION lost.			
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING CEUGRAL AV	terioscleroses & Simility.	2418
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, cetc.)	in or obout 21C. WHERE DID (II in Boltimo	ore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hou OF INJURY (APPROX.)	while At Nork At Work		
22. I certify that A (this hospital) atte		8/17/62 19 10	4/20/66 19
that M (we) last saw the deceased aliv	e an 4/20/6		olnian death accurred an the de
and haur and fram the causes stated ab	ave. (1) (We) (d1d) (did not)	view the bady after death.	
23A. SIGNATURE Conferred	beh M.D. AH	ending Med. Stoff Stoff Phys.	23B, DATE SIGNED 4/20/66
23C. PHYSICIAN'S NAME (Type)	mursock M.O.	23D. ADDRESS 0 4940 Eastern Ave	enue, Balto.Md.21224
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C, NAME of CEMETERY of CR		City, town, or county) (State)
BURIAL 4/23/66	St.Augustine's Ce		
25A. DATE REC'D BY HEALTH DEPT. 25B. N	IAME OF REGISTRAR	Leonge a Weller	705 & am U
ACR 22 1966 (1 0 1 1 2 1	STATE OF THE PARTY		1-0-2 01111



BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66-62-69 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

M.E. CASE NO.							
1. NAME OF DECEASED (Typo or Print) Ale	xander	2. DAT	AND HOUR PRONOUNG	CED DEAD			
MICHAEL	SOKAL	April 21, 1966 9:20 A M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRO		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR IN ADDRESS OR LOCATION)	STITUTION, GIVE STREET	4		te RURAL and give township)			
INSTITUTION		Baltimo	re	673			
128 N. Kenwood Avenue		D. STREET ADDRESS (III		9 0 a			
120 N. Keliwood Avelide			Kenwood Avenu	e			
	RIED, NEVER MARRIED ED. DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (in years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.			
Male White		January 27, 1	966	3			
done during most of working life, even if retired	D OF BUSINESS OF INDUSTR	Mary1a		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME				
Alexander Sokal		Barbara Za	ck				
15. WAS DECEASED EVER IN U.S. ARMED FORCES	? 16. SO CIAL	17. INFORMANT		ADDRESS			
(Yes, no or unknown) (If yes, give wor or dotes of serv	SECURITY NO.	Alasrandan Calc	al 128 N.Kenwo	and Arra			
118.	CAUC	E OF DEATH	al 120 N. Meliwe	INTERVAL BETWEEN			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthonio, etc., II meens the disease, injury or complication which caused dooth.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C). II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED 21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING COUNTRIB- to more, form, foctory, street, office bidg, INJURY OCCUR?							
21D TIME (Month) (Doy) (Year) (Hour (APPROX.)	WHILE AT NOT	21F. HOW DID	INJURY OCCUR?				
22. I certify that I held an Inquiry		and that a	n this basis, deoth in	my opinian			
resulted fram: Natural causes 🗴	Accident Suicio	de Homicide	Undetermined mann	ner			
ACTUAL SIGNATURE Charles	5 Pesty M.E	CHIEF MEDICAL		DATE SIGNED			
EYAMINER'S	Petty, M.D.	ASSOCIATE MEDICA		4/21/66			
23A. BURIAL CREMATION, 23B. DATE	23C. NAME OF CEMETERY	or CREMATORY 2	3D. LOCATION (City	y, town, or county) (Stote)			
Burial 4/22/66	Sacred Heart	Of Mamz	Raltimore Cour	ntre_Mameland			
	ME OF REGISTRAR	24C. FUNERAL DIRE	Baltimore, Cour	ADDRESS			
	J-2 D. m.		eber 705 South	n Ann Street			
VS 151-REV. 1/1/65	- Cost I was						



made

final

10

embalmed

are

remains

the

fore

be

obtained

be

0

prior at A

deceased written ap

0

0.0

Was

shows:

P 1 1 6 01/19 BALTIMORE PARTIC PIORE CITY HOSPITAL 22 llours . PSE. M. W. Married Pa Pila MARYLAND USA Septer - employ Midnesl Febry Mahlulda (3) Agents surgered advantage : in ASCUO. ON BILL 29 81/H 09 M/H U. Pedenson MARINE VARE PARLETURGEDIN DALTI MORE PLACE

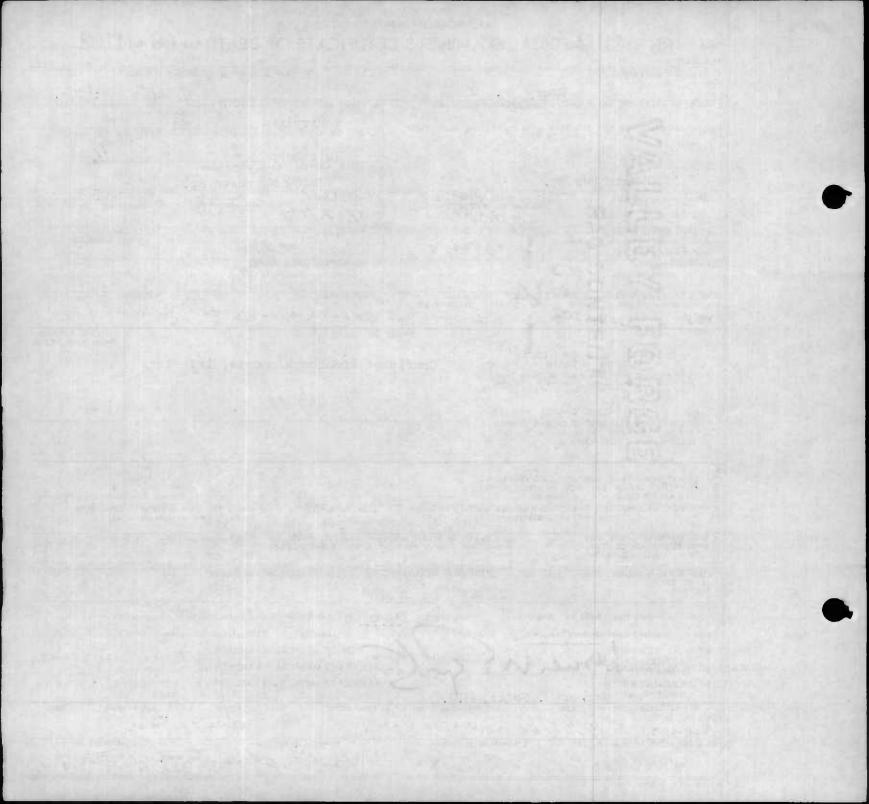
1-300		66 H H NO.	4101 MEDI		BALTIMORE CITY HEA		TE OF DEATH Re	., .,	04101
		NAME OF DEC	EASED				2. DATE AND HOUR PRONO	UNCED DEAD	
		,	H	annah	Jett		A LOUIS TO THE REAL PROPERTY OF THE PARTY OF	4/18/66	8:30 a. M.
	3. P	LACE IN BALTI	MORE, MARYLAND, W	HERE PRONO	UNCED DEAD	4. USUAL RESID	ENCE (Where deceased lived. I	If in stitution: resi	dence before admission)
	FUL	LNAMEOF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET		ryland		
	IN S	SPITAL OR	ADDRESS OR LOCA	(TION)			NN (If autside corparate limits,	White KURAL o	and give lawnship)
4	1/					D. STREET ADD	Raltimore xess (Ir wind, give location)		
			ion Memorial				05 N. Calvert St		
	5. S	EX	6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRT	lost birthdoy	eors If Unde Months	Days Hours Min.
		female	colored	Wide		Apr.12,18		75	
	done		rorking life, even if retired)	Home	F BUSINESS OR INDUSTR		(Stote or foreign country) County, W. Va.	12. CITIZ WHA	TEN OF AT COUNTRY?
	13. FATHER'S NAME Lewis Brown Susan								
			O EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRES	S
		No	No	0. 30,11100		Mrs. Don	rothy Johnson-Ba	ltimore.	Maryland Maryland
		(This daes n	E OR CONDITION DI LEADING TO DEATH of meon the mode of osthenio, etc. It meons aplication which coused in	dying, e.g., the disease,		osclerotic	c cardiovascular	disease	INTERVAL BETWEEN ONSET AND DEATH
	CATION	DISEASES (RISE TO THI UNDERLYIN	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) ST G CONDITION LAST. II HIFICANT CONDITIONS DEATH BUT NOT REI	NY, GIVING THE	(B)(C)				
	E	DISEASE OF	CONDITION CAUSING	IT.	***************************************				
	C	19A. DATE OF	WAS PERI	FORMED	WHICH OPERATION	no	? (Yes or No) 208, IF YES, WE IN CERTIFYING	CAUSES OF DE	EATH?
	U	21 A. EXTERNAL UNDERLYING DUTING CAUS	OR CONTRIB-	home etc.)	e, farm, foctory, street,	office bldg., INJURY	VHERE DID (If in Boltimore Ci OCCUR?	ty, give exact l	ocotion)
		21D TIME OF INJURY (APPROX.)	(Manth) (Doy) (Year	1	WHILE AT NOT AT V	WHILE WHILE	OW DID INJURY OCCUR?		
•			ify that I held an I	nquiry 🗌	Inspection X Au	tapsy and	d that an this basis, death	proton	n
		ACTUAL SIGNATU EXAMIN NAME (1	JRE MUNICE ER'S	ah-	Accident Suicio	CHIEF MI	de Undetermined n EDICAL EXAMINER EDICAL EXAMINER		DATE SIGNED
		BURIAL CREA	AATION, 238 DATE	23	C. NAME OF CEMETERY	OI CREMATORY	23D. LOCATION	(City, town, or	county) (State)
		NOVAL (Specify) Burial	4-22-19	966	Rose Hill Cen	neterv	Shepherdstov	n. Jeff	erson W.Va
	L	DATE REC'D	BY HEALTH DEPT. 22 1966 (L.	24B. NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR Fune pal Home	,	ADDRESS burg, W. Va.,

THE REPORT OF THE PARTY OF THE AN ENGLY DINCE BE A SECOND OF THE BOARD OF T 102-100 P. See M. L. Continue of the State o 11. THE THE PERSON NAMED IN STREET

W-400

BIRTH NO. 66 1410 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. 14102

M.	E. CASE NO.									
l. (Ty	NAME OF DEC	EASED			2. DATE AND HOUR PRONOUNCED DEAD					
1			Harry H.	Will	4/18/66 8:40 a. м.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD					4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE 8. COUNTY					
	LL NAME OF	(IF NOT IN HO ADDRESS OR L	SPITAL OR INSTITU	ITION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
IN S	TITUTION	ADDRESS ON E	OCA IION)		State of the considered the control of the control					
					Baltimore					
					D. STREET ADDRESS (If rurol, give locotion)					
3000 Matthews St.					3000 Matthews St.					
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED					8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs					
male white whowed, divorced(specify)					3/17/	17	lost birthdoyl	Month's [Doys Hours Min.	
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or forei	gn country)	12. CITIZEI		
	MACHA	vorking life, even if retir	MAL	481N'S		MD		WHAI	COUNTRY?	
	FATHER'S NAM				14. MOTHER'S MAIDEN NAME					
		?			1 MOINERS WAIDEN NAME					
2 0		1		10			,			
		D EVER IN U.S. AR		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS		
100	IES	WWII		215-07-7456	EVELYN	WILL	3000 MAI	THEN	us ST,	
-	18.	WW							INTERNAL DEVILOPAL	
	10. 41	/ X i		CAUSE	OF DEATH				ONSET AND DEATH	
	DISEAS	SE OR CONDITION	DIRECTLY							
		LEADING TO DE	ATH	Conflue	ent bronch	opneum	onia, left l	ung		
	(This does not bear foilure	not mean the mode osthenio, etc. It m	of dying, e.g.,	DUE TO					***************************************	
	injury or cor	mplication which cou	sed deoth.)							
		NTECENDENT CA		(8)						
	DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE								
	UNDERLYING CONDITION LAST.									
Z				(C)			*************************		***********	
CERTIFICATION										
3	OTHER SIGI	NIFICANT CONDITIO	ONS CONTRIBUTION	NG						
표	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
R	19A. DATE OF			WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED					
8	0		PERFORMED	WINCH OF ENAMEDIA		IN CEPTIEVING CALISES OF DEATH?			TH?	
	PUPPENIA			3						
3		OR CONTRIB-	21 B,	in or obout 21C. WHERE DID (If in Boltimore City, give exact location) office bldg. INJURY OCCUR?						
ā	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?									
ME	7									
	OF INJURY					5 W 515 1143	ONI OCCON:			
	(APPROX.)		m. V	WHILE						
	22. I certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion									
	resulted from: Notural couses Accident Suicide Homicide Undetermined manner									
	CHIEF MEDICAL EXAMINER DATE SIGNED									
	ACTUAL ACCISTANT MEDICAL EVANIMED V								DATE STONED	
	EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 4/18/66									
23/	1	MATION, 238 DAT		C. NAME OF CEMETERY	CREMATORY	23 D. I	OCATION (City.	lown, or co	ounty) (Stote)	
REMOVAL (Specify)										
1	BURIA	L 4/2	-1/66	NATIONA			ISALTO,	40,		
24/	A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		A	DDRESS	
	APR 2	2 1066 0	0 80 3	Es D. MA	Bul	12 /	dermeto 34	-	ted true	
			Pub E, 3	CONSOUNA	002		361	1000	ot red,	
VS	151-REV. 1/1/	65				A				



Section/2007 Bushell Belitimens. Faltimere Lity Hespitals 5-21-38 FB MYSOCIAL HIBREST Moule Hoperto legica in Americania disconsidera Hiralist Fintenibre Medical Except District Dies DAVID F. LAIRBANKS Pattinone City Hospitale

10

prior

deceased written ap

U

at

D.O.A.

SD

3

An

certificate

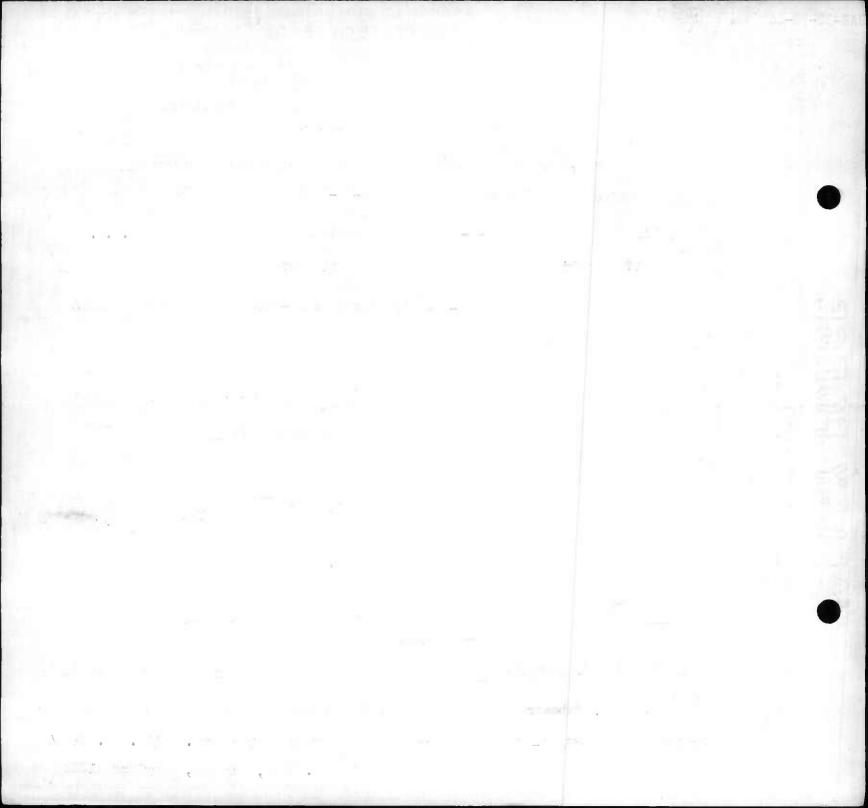
approval

BALTIMORE CITY HEALTH DEPARTMENT Registered Na BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH 35 (Type or Print) 4. USUAL RESIDENCE (Where decoosed lived. If institution: residence before of 3. PLACE OF DEATH IN BALTIMORE, MARYLAND mission) Maryland (If not in hospital ar institution, give street FULL NAME OF HOSPITAL OR oddross or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore City Hospitals Baltimore H rurol, give Jocetian) 4940 Eastern Avenue D. STREET ADDRESS W rurol, give local Baltimore, Maryland, #21224 2/230 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Il Undor 1 Yr. Months: Doys lost birthdoy) Hours Female White Married 2-13-1913 10A. USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or lorgign country) 12. CITIZEN OF COUNTRY? done during most of working life, even if retired) WHAT Maryland Jutton 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forcos? (Yes, no or unknown) (If yes, give wor or dotos of service) 17. INFORMANT ADDRESS 6. SOCIAL SECURITY NO RECORDS: BCH, 4940 Eastern Ave., #21224 1B. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, hearl foilure, asthenia, etc. Il means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving lo the obove couse (A) stoling the UNDERLYING CONDITION lost. CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 19A, DATE OF OPERATION WAS PERFORMED CERTIF 218 PLACE OF INJURY (e.g., in or obout 20 C. WHERE DID home, lorm, foctory, stroet, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimoro City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examinar 21 D. TIME (Month) (Day) (Your) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work Al Work 22. I certify that (1) Ithis hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date and haur and fram the causes stated above. (1) [We] (did) (did nat) view the bady after death. 23A. SIGNATURE 238, DATE/SIGNED Attending M.D. Med. Staff Phys. Phys. WYSICIAN'S 23D. ADDRESS ME (Typo M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATOR 24D. LOCATION (Stote) lown, or county REMOVAL (Specify) 20 melon 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH' DEPT 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65 23 Balta

Barrell Brown B. C. The state of the s

SAB-38-78-44 1	BIRTH NO. BALTIMORE CITY HEALTH DEPARTMENT Registered No. 60 14105						
2002	BIRTH NO. CERTIFICATE OF DEATH Registered No. CERTIFICATE OF DEATH Registered No.						
pital and of death Deceased on the ath. Such	1. NAME OF DECEASED (Type of Print) Samne Peterson 2. Date and Hour of Death 4-20-66 9:40 Am						
7 0 0 4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY						
in a hospital ng cause of d cause; (5) Dece attendance on ior to death.	FULL NAME OF (If not in hospital ar institution, give street hospital or address or location) INSTITUTION Baltimore City Hospitals Maryland Baltimore C. CITY OR TOWN (If autside city limits, write RURAL and give township) Dumdalk						
ed in uting cod caus	4940 Eastern Avenue Baltimore Maryland 21224						
F 2 9 5	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WLOWED DIVORCED (specify) Widowed 1-20-1894 9. AGE (In years last birthday) 72 Months Doys Hours Min.						
eath occur or contrik indetermin s in regul deceased	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if refired) Housewife Finland 12. CITIZEN OF WHAT COUNTRY? U.S.A.						
if d ect 4) U wa the pos	13. FATHER'S NAME ?? Koskt ?? ??						
Andra	15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give war ar dates of service) No 16. SOCIAL SECURITY No. 215-24-3733 Records: BCH-4940 Eastern Avenue 21224						
POR s ass if t any ced ndan or fi	18. 4 2 0 INTERVAL BETWEEN ONSET AND DEATH						
A list of	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO DUE TO						
0 2 5 5 5	(This does not mean the mode of dying, e.g., DUE TO heart foilure, osthenia, etc. It means the disease,						
CTOR: caminer. A fractu who pro regular	injury or complication which caused death.) ANTECEDENT CAUSES (B) MYDCARDLAC INFARCTION 3 DAY						
W 6 X 6 7 5	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION tost. (B) MYDCARDLAL INFARCTION 3 DAY DUE TO (C) ANTERIOSCLEROSIS						
L DII	UNDERLING CONDITION 10SI.						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
× × × × × × ×	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH IN CERTIFYING CAUSES OF						
No No	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR? DEATH (natify medical examiner) etc.)						
ved hos natu ept d (6)	S OF INJURY (APPROX.) While At Not While At Work						
o do	22. I certify that (1) (this hospital) attended the deceased from $4-20-1966$ to $4-20-1966$						
0 0	. I certify that (1) (this hospital) attended the deceased fram 1 - 20 - 19 65 to 1 - 20 . 19 65, a (1) - 20 - 19 65 to 1 - 20 - 19 65 to 1 - 20 . 19 65 to						
rust be a leased to ident of hospital o death)	23A. SIGNATURE 23B. DATE SIGNED						
E - 0 0 E + 8	Joel 7. Hoberer M.D. Attending Med. Stoff Phys. & 4-20-66						
0 0 0 0	23'd. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D. (O. Footomy Arrows Politimone Mental and						
ific W (1) W d b d p d p d	Joel F. Habener M.D. 4940 Eastern Avenue, Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, fown, or county) (Stole)						
certificat body was ws: (1) An b.O.A. at eased pric	Burial April 23-1966 Oak Lawn 7225 Eastern Ave. Balto. Md. 21224						
This cer the bod shows: was D.(decease	25A, DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS						
This the show was decreased	APR 22 1966 A C. ST. Company 258. NAME OF REGISTRAR JOHN J. DUDA, Dandalk, Maryland 21222						

more, Maryland 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, ar caunty) April 23-1966 Oak Lawn 7225 Eastern Ave. Balto. Md. 21224 Burial JOHN J. DUDA, Dandalk, Maryland 21222 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



_1	1). —	2	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the 🧘	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

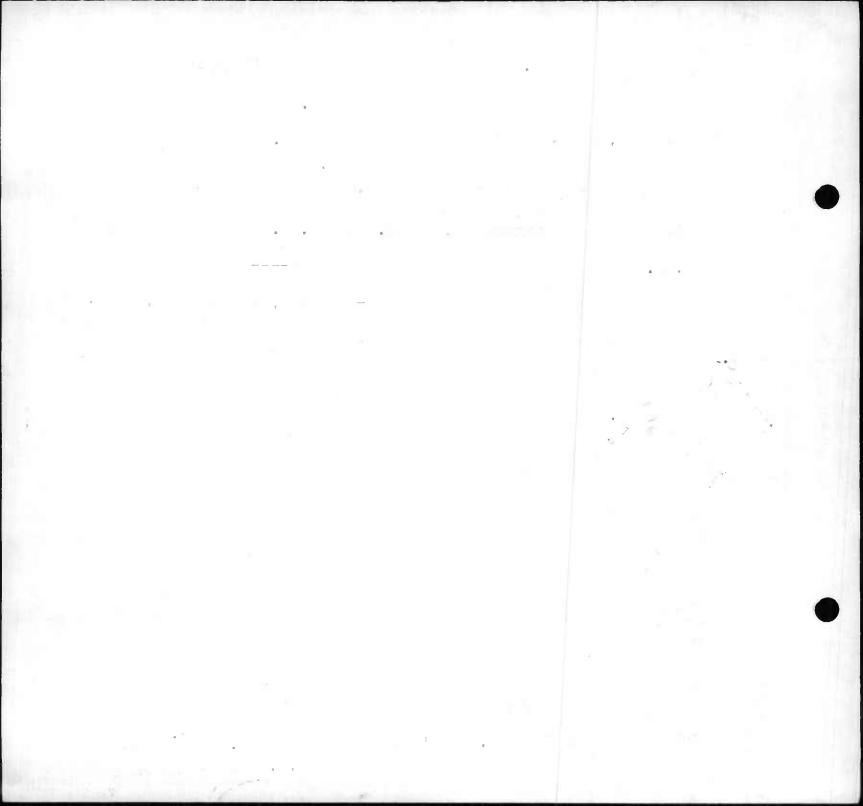
	CC	14106	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO.	0.0)*i たいい	CERTIFICA	TE OF DEATH	Registered No.	66 04106		
M.E. CASE NO.	CEASED ANTHON	W. PAN	LIKOWSKI JR.		ID HOUR OF DEATH			
(Type or Print)	NTHONY W.	DAWL	iKOWSKI,	JR. 4		661 510 AN		
3. PLACE OF D	EATH IN BALTIMORE, MA		,	4. USUAL RESIDENCE (When	re deceased lived. If i	institution: residence before admission)		
			A, STATE B. COUN					
FULL NAME HOSPITAL OF		or institution,	give street	c. CITY OR TOWN III out		BUBAL		
INSTITUTION					mdalk	KUKAL and give township)		
11					rurol, give location)	0000		
U	NION MEMO	RIAL	HOSP			A-D 27222		
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years II Under 1 Yr., If Under				
Male	White	WIDOWE	o, DIVORCED (specify)	0	tost birthday)	Months Doys Hours Min.		
IOA, USUAL OC	CUPATION (Give kind of world	108. KIND OF	BUSINESS OR INDUSTR	11. STRTHPLACE (Stote or lare)	gn country)	12. CITIZEN OF		
					WHAT COUNTRY?			
3. FATHERS N	or, of Election	DELLE	O. GO. Mile	MARYLAND 14. MOTHER'S MAIDEN NAM	U.S.A.			
3. FAIHERS NA								
	Anthony H. Pa	wlikows	ki, Sr.	FRANCES	SPINE	K		
5. Was Decease	ed Ever in U. S. Armed For vn) (If yes, give war ar date	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
DISTRICT NO	NO		216-16-3126	Wife, Mrs. M.	Sue, # 4,	a, b, c, do 5 A. A.		
18. 4 5	22114-6	51,1	CAUSE)F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISE	ASE OR CONDITION DI	RECTLY			_	15 15/1		
(This does	not mean the mode of	dvina a a	(A) ARTE	RIOSCLEROTIC C.	ARDIO VASCU	KAR 1957-1966		
heart failure	e, asthenia, etc. It means	the disease,	506.10	DI.	SEAL	,		
injury or co	amplication which caused				1 1			
	ANTECEDENT CAUSES	DUE TO		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************			
	OR CONDITIONS, if		1:0	VECILS CIRRL	1-00	19: -1966		
	the above cause (A)	(C) AT	V C C (Z) CITCLE	+6-13				
OTHER SIG	II NIFICANT CONDITIONS C	ONTRIBUTIN	G			4-15-66-4-21-		
	DEATH BUT NOT RELA		E EPIST	TAX515 4-15-66-				
U 19A. DATE (OF OPERATION 198. CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED		
E 2	WAS PER	FORMED		YES	IN CERTIFYING CA	AUSES OF DEATH?		
U 21A. ACCID	ENT WAS UNDERLYING	21B	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID	(If in Baltimo	re City, give exact location)		
▼ DEATH (noti	BUTING CAUSE OF (ily medical examiner)	hom etc.	office bldg., INJURY OCCUR?					
0 21 D. TIME	(Month) (Doy) (Year)	(Hous) 21F	INJURY OCCURRED	21 F. HOW DID INJ	IIPY OCCIIP?			
OF INJURY	OF INJURY				OKI OCCOK.			
(APPROX.)		rk At Work						
22. I certif	22. I certify that (4 (this hospital) attended the deceased from 4-15 1966 to 4-21 1966							
	that (1) (age) last saw the deceased alive on 14 - 20 19 66 and that in (my) (age) opinion death occurred on the date							
					-,(), (99-) -			
23A. SIGNA		ed opove. () ((dia) (dia) (dia)	view the body ofter death.		23B, DATE SIGNED		
234.310114	23		0 445 44	ending Med	Stell			
Cleth	Clethrum My Lay Since fr M.D. Attending Med. Director Phys. 4-21-66							
23C. PHYSIC NAME	23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS							
Ase	De D'M (Samuel flored) M.D. UNION MEMORIAL HOSPITAL							
24A. BURIAL CI	REMATION, 24B. DATE	24C.N.	AME & CEMETERY OF CE			ity, town, or county) (State)		
REMOVAL	(Specily)							
Buria			Holy Rosary			ndalk, Md. 21222		
Α	D BY HEALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS		
APR	22 1966 020	B- 0	Enlyna	JOHN J. DUDA,	Dunial K.	militarin where		
VS 150-REV. 1/1	1/65		,					

The state of the s E and the control of TOUR REPORT OF THE RESERVE OF THE PROPERTY OF

VS 150-REV. 1/1/65

	HEALTH DEPARTMENT							
BIRTH NO. 66 ()4107 CERTIFICA	CERTIFICATE OF DEATH							
M.E. CASE NO. 1, NAME OF DECEASED	2. DATE AND HOUR OF DEATH							
Bertha N. Swam	April 19/66							
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)							
THE MAN OF THE PARTY OF THE PAR	Md.							
FULL NAME OF (If not in haspital at institution, give street HOSPITAL OR oddiess at lacation)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)							
INSTITUTION Services II and Services Address								
German Home, 22 S. Athol Ave	D. STREET ADDRESS (IF rural, give locotion)							
o l	22 S. Athol Ave							
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi., If Under 24 Hrs.							
	6/19/90 last birthday 75 Months Doys Hours Min.							
10A. USUAL OCCUPATION (Give kind of wark 10B.QII.) OF PUSINGS OR INDUSTRY	11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF							
done during most of working life, even if retired) Retired May Co.	Balte.Md.							
done during most of working life, even if retired) Retired 13. FATHERS NAME Wm. H. Swam	14. MOTHER'S MAIDEN NAME							
Wm. H. Swam	Sara h							
	17. INFORMANT ADDRESS							
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 212 10 7725	A- Records, German Home, 22 S. Athol							
	AVE							
0 1 3 3 3 4 1	F DEATH INTERVAL BETWEEN ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	reberal Vascular Thombosis							
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury of complication which caused death.)	What I will can I shipping							
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	heart failure, asthenia, etc. It means the disease,							
heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) Articostelerases, generally etc.								
DISEASES OR CONDITIONS, if ony, giving								
rise to the obove couse (A) stating the (C)								
UNDERLYING CONDITION losi.								
S Z OTHER SIGNAL SOLVETTIONS CONTRIBUTING								
UNDERLYING CONDITION Iosi. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE								
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes at No.) 20B. IF YES, WERE FINDINGS CONSIDERED							
WAS PERFORMED								
218. PLACE OF INJURY (e.g., in forme, form, foctory, street, of the place of the pl	n at about 21 C. WHERE DID (If in Boltimare City, give exact lacation)							
OR CONTRIBUTING CAUSE OF home, farm, factory, street, a etc.)	mice olage, INJURY OCCUR?							
	21F, HOW DID INJURY OCCUR?							
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not White At Work At Work								
22, I certify that (I) (this hospital) ottended the deceased from p. 19.65 to 19.65 to 19								
							that (I) (we) lost saw the deceased alive an	
and hour and from the causes stated above. (1) (We) (did not) view the bady after death.								
23A. SIGNATURE 23B. DATE SIGNED AND Allerding TO Allerd								
Phy	Milliam 1- Dryson M.D. Attending W Med. Staff Phys. Director Dryson 20 Chrif Glo							
23. ADDRESS NAME (Jype)								
D 24A. BURIAL CREMATION, 24B. DATE 24C/NAME of CEMETERY OF CR	H602 Camondson Dalto 29							
II KEMOVAL (Specify)	EMATORY 24D. LOCATION (City, lawn, or caunty) (State)							
burial 4/22/66 St. Mary's Ce	metery Balto.Md zone 11							
burial 4/22/66 St. Mary's Ce 25A. DATE REC'D BY HEALTH DERT. 25B. MAME OF FIGURER APR 22 1966 Relation	Witzke F.D. 4101 Edmondson A							
APR 22 1966 Of Land E. Manday	Edmondson A							

ve



cause (A) stoting the above Ihe UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTINGS
TO THE DEATH BUT NOT RELATED TO THE
DISEASE OR CONDITION CAUSING IT.

66

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF

(Month)

DEATH (notify medical examiner)

19A. DATE OF OPERATION

198. CONDITION FOR WHICH OPERATION

208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21 B. PLACE OF INJURY (e.g., in or about 21 C WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ome

an INJURY OCCUR?

OF INJURY (APPROX.) 22. I certify that (1) (this hospital) attended the deceased fram

(Doy)

that (1) (we) last saw the deceased alive an

(Year

WAS PERFORMED

(Hour)

Not While At Work

19

and that in((my)) (aur) apinion death accurred an the date

(If in Boltimore City, give exact location)

write RURAL and give township!

If Under 1 Yr.

12. CITIZEN OF

Soller

WHAT COUNTRY?

ADDRESS

5

Months Doys

(f Under 24 Hrs.

Hours

19091

INTERVAL BETWEEN

ONSET AND DEATH

and hour and fram the causes stated above ((1) (We) (did) (did nat) view the bady after death. 23A. SIGN AT URE

Attending Phys. M.D. Med.

23B. DATE SIGNED Stoff Phy s.

23D. ADDRESS

2SA, DATE REC'D BY HEALTH DEPT.

23C. PAYSICIAN

BURIAL

ROOKS 258. NAME OF REGISTRAR

21E, INJURY OCCURRED

25C. FUNERAL DIRECTO

ADDRESS

VS 150-REV. 1/1/65

Director

FUNERAL DIRECTOR:

physician the remains

the 8

where

(except

(2)

any nature;

of hospital

An accident

shows: (1)

O

0.0

SD M

to the hospital

was released

approved

Was burns

physician Body

°N

9

and

leath);

T

10

prior at 4

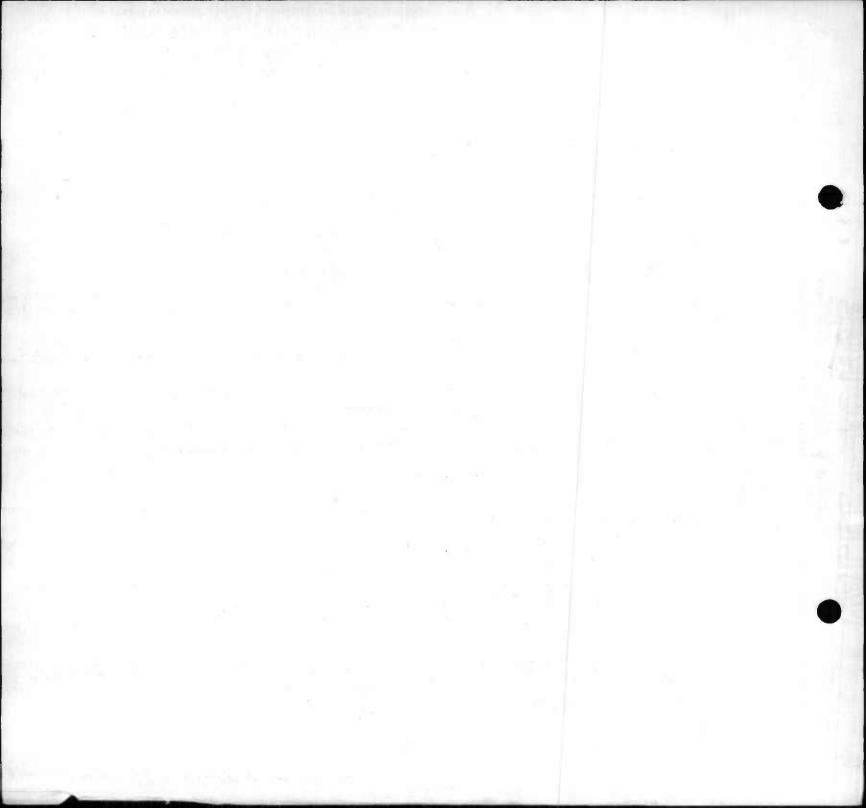
deceased written ap

obtained

must

approval

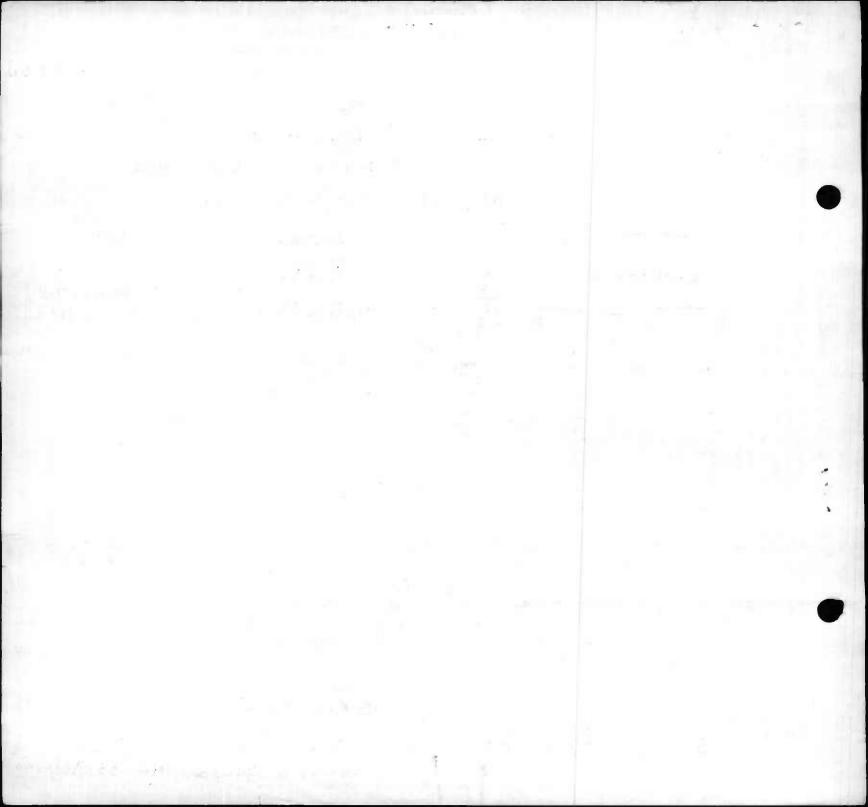
medical



IMPORTANT FUNERAL DIRECTOR:

Such th occurred in a hospital and contributing cause of death etermined cause; (5) Deceased M.E. CASE NO. I. NAME OF DECEASED (Type or Print) LO E-G-IN/A INDEL death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance A. STATE B. COUNTY (If not in hospital or institution, give street C. CITY OR TOWN FULL NAME OF HOSPITAL OR oddiess or location) Hebre BALTIMORE prior D. STREET ADDRESS made regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH deceased WIDOWED, DIVORCED (specify) lost birthdoy DW 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSTNESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) isposition done during most of working life, even if retired) 0 (4) Und AUSTRIE Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME AWRENCE LO death TO kind; 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL SECURITY NO. final (Yes, no or unknown) (If yes, give wor or dotes of service attendance any CAUSE OF DEATH pronounced 0 6 DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, (This does not meen the made of dying, e.g., DU gular injury or camplication which caused death,) ANTECEDENT CAUSES who 76 are 4 DISEASES OR CONDITIONS, if ony, giving (3) the abave cause (A) sloling 2 physician UNDERLYING CONDITION last. remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the 2 198. CONDITION FOR WHICH OPERATION the 0 WAS PERFORMED racture before 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 3 where OR CONTRIBUTING CAUSE OF to the hospital °Z DEATH (notily medical examiner) etc.l any nature; MEDIC obtained 21 D. TIME 21F. HOW DID INJURY OCCUR (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED 9 OF INJURY (except While At Not While (APPROX) and May Work At Work 22. I certify that (1) (this hospital) attended the deceased from 19 66 that (I) (we) lost sow the deceased alive on accident of eath) hospital must the body was released and hour and from the causes stoted obove. (1) (We) (did) (did not) view the body after deoth. 23A. SIGNATURE Ö M.D. Attending Phys. Med. Stoff Phy s. 10 Director approval 8 23C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS to An HO5P1 M.D. was D.O.A. shows: (1) 24A. BURIAL CREMATION, 248, 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased DAT REMOVAL (Specily) decease memous 25C. FUNERAL DIRECTOR

BALTIMORE CITY HEALTH DEPARTMENT 66 04109 CERTIFICATE OF DEATH Registered No. BIRTH NO. 2. DATE AND HOUR OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: residence before (If outside city limits, write RURAL and give township (Il iuiol, give location) GREENSPRING & BELV 9. AGE (In years If Under 1 Yr. Months: Doys Il Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? USA SILVER SOADDRESS INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (II in Boltimore City, give exact location) and that in (my) (our) opinion death occurred on the date 23B. DATE SIGNED (City, town, county) (Stote) 3 Poss VS 150-REV, 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

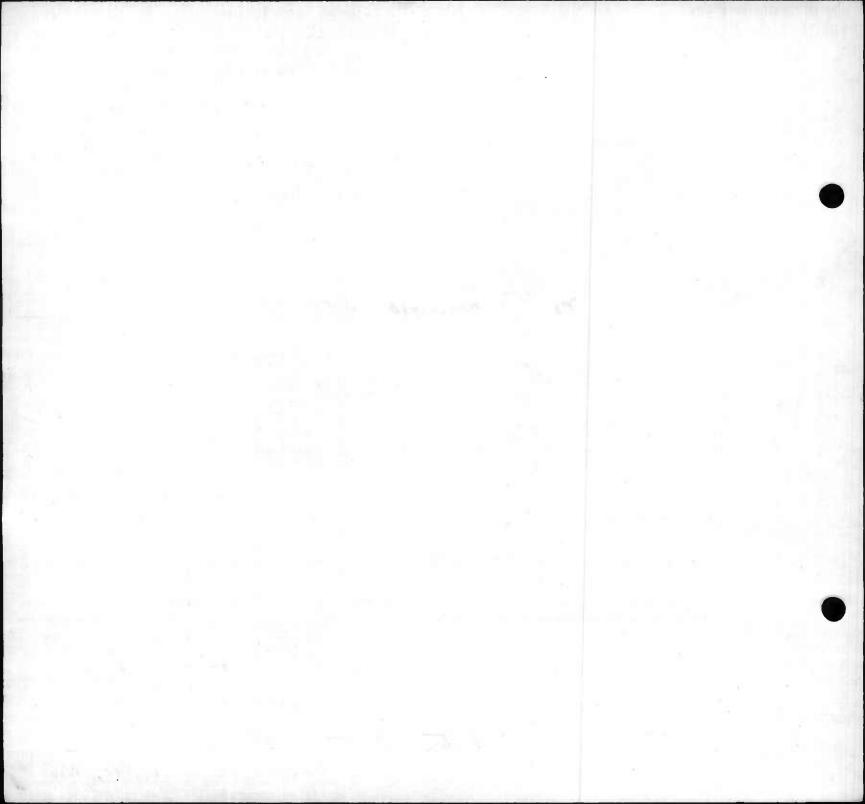
	OC A	BALTIMORE	CITY HEALTH DEPARTM	ENT	
	TH NO. 66 114	CERTIFIC	CATE OF DEA	TH Registered	Nº6 (411)
1, N	E CASE NO. IAME OF DECEASED GASON	1 REICH	2, D	ATE AND HOUR OF DE	1/:20 n
3. 1	PLACE OF DEATH IN SALTIMORE, MAR	RYLAND	4. USUAL RESIDENC	11 - 10 0	If institution; residence before admission)
- 1	FULL NAME OF (If not in hospital of oddress or location) NSTITUTION	or institution, give street)	MaryLA	VD	vrite RURAL and give township)
1	SINGI H	ESPITAL	Beltin D. STREET ADDRESS 3904 +		n)
5. 5	SEX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Tr. If Under 24 Hrs.
1	MALE WHITE	MIDOWED, DIVORCED (specify	10/14/1904	lost birthdoy)	Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work e during most of working life, even if retired)		STRY 11. BIRTHPLACE (Stote		12. CITIZEN OF WHAT COUNTRY?
6	FATHERS NAME		14. MOTHER'S MAID		034
			1.2		
15.	VACOB Was Deceased Ever in U. S. Armed Force	es? 16. SOCIAL	HANNAL 17. INFORMANT		ADDRESS
Ye	s, no or unknown) (If yes, give wor or dotes	s of service) SECURITY NO.	4		
	18. 21.	CAUS	HOSPT C	NORT	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR				ONSET AND DEATH
	LEADING TO DEATH	(A) Q	R+ Sol. Near	die Tulano	ton Laure
	(This does not meon the mode of heart foilure, asthenia, etc. It means	dying, e.g., DUE TO		Wanter Section of the	
	injury or complication which coused	deoth,)	11 50 11.	1 10	
	ANTECEDENT CAUSES	(8) TO	K+PCL, MEGI	o Useace	- currus
	DISEASES OR CONDITIONS, if				
	rise to the obove couse (A) UNDERLYING CONDITION tost.	sloling the (C)			
	- 11				
ATION	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE PROPERTY OF T	TED TO THE	mone		
ERTIFIC	19A. DATE OF OPERATION 19B. CONE		20A. AUTOPST? (Ye	(N CERTIFYING	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLTING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURT (a home, form, foctory, streetc.)	e.g., in or about 21 C. WHERE et, office bldg., INJURY OC	DID (If in Bolicus?	timore City, give exact location)
-	21 D. TIME (Month) (Doy) (Year) OF INJURT (APPROX.)	While At Not	While Work	OFD INJURT OCCUR?	
	22. I certify that (I) (this hospital)) attended the deceased fram		1952 to	4/20 1966
		4//	1966		apinian death accurred an the dat
	and haur and fram the causes state				
	23A. SIGNATURE				23B. DATE SIGNED
	Janes Blues	MI a Q M.D.	Attending Med. Phys. Directo	Stoff Phys.	4/20/00
	23C. PHTSICIAN'S NAME (Type)	, , , , , , , , , , , , , , , , , , , ,	23D. ADDRESS	1	
	Louis V.Blym	mil	M.D. 3502 W	KOGERIA	re Balte and 21215
24/	A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERT of	CREMATORT	24D. LOCATION	(City, town, or county) (State)
	BURIAL 4/22/19	66 WEST SITTSTER		WEST PITTS	TON PA
254	A DATE REC'D BY HEALTH DEPT	258 NAME OF REGISTRAM	SELUA DI	15415 SON	3319 CLYMPIA AUE

APK 66 VS 150-REV. 1/1/65

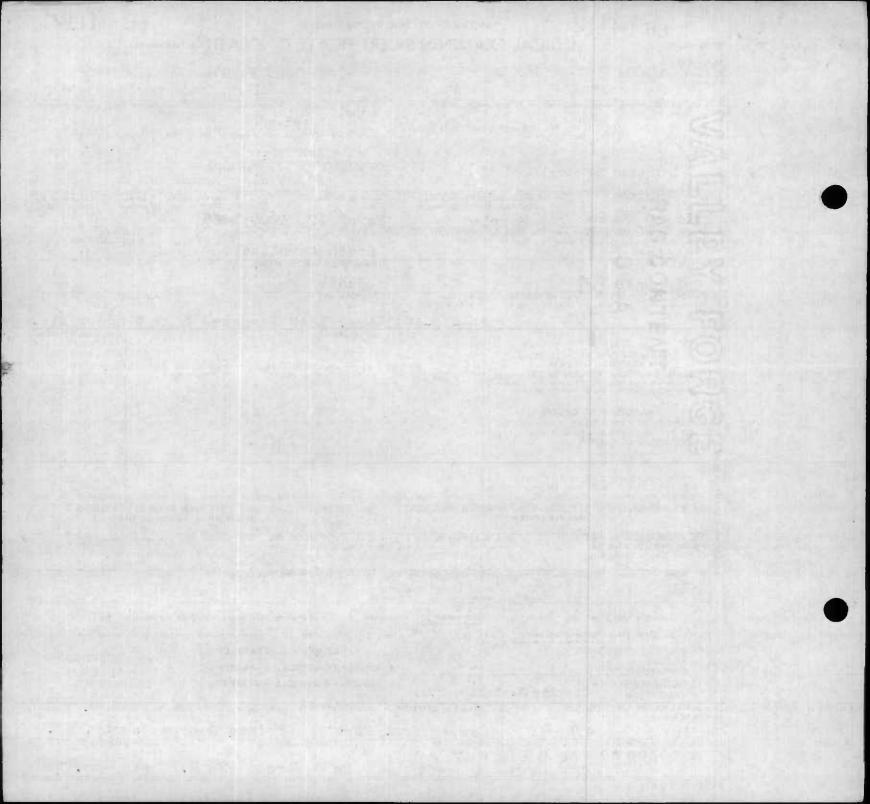
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

			BALTIMORE CITY	HEALTH DEPARTMENT			
MIRTH NO.	66 0411	i	CERTIFICA	TE OF DEATH	Registered No.	66 (14111	
1. NAME OF DEC	EASED				ND HOUR OF DEATH		
3. PLACE OF DEA	AND FRON	CLARE	NEE	4. USUAL RESIDENCE (WHA, STATE B. COU	ere deceosed lived. If	institution: lesidence before admissia	
FULL NAME O		give street	MD.	BALTIMOR,	E		
INSTITUTION					utside city limits, write	RURAL ond give township)	
UNI	VEKSITY H	OS P17.	AL	D. STREET ADDRESS (I	f rurol, give location)	10-01	
28				905 W. LI	EXINGTON :	ST.	
5. SEX	C	WIDOWED	O, DIYORCED (specify)	B. DATE OF BIRTH APRIL 1899		If Under 1 Yr. If Under 24 H Months Doys Hours Min.	
done during most of	working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	reign country)	12. CITIZEN OF WHAT COUNTRY?	
LABOR				NORTH CAI		U.S	
13. FATHER'S NAM	AE ?			14. MOTHER'S MAIDEN NA	AME		
S. Wos Deceased	Ever in U. S. Armed Forc	es?	1 6. SOCIAL	17. INFORMANT		ADDRESS	
Yes, no oi unknown	(If yes, give wor or dates	of service)	SECURITY NO.				
18.	No		21701-5770 CAUSE OF	WIFE		JAM J INTERVAL BETWEEN	
DISEASES (asthenia, etc. II means application which coused ANTECEDENT CAUSES OR CONDITIONS, if a abave couse (A) G CONDITION lost.	death.)		M. CEREBEAL			
TO THE D	FIGANT CONDITIONS CO EATH BUT NOT RELA- CONDITION CAUSING IT OPERATION 198. COND	TED TO TH	E	120 A. AHTOP TY? (Yes or N	No. 208 IF YES WERE	FINDINGS CONSIDERED	
B DIKIL I	7,1946 WAS PERF	ORMED	USPECT	No	IN CERTIFYING C	AUSES OF DEATH?	
OR CONTRIBL	TING CAUSE OF	218.	e, form, foctory, street, of	or obout 21C. WHERE DID	(11 in Boltimo	one City, give exact location)	
21D. TIME	(Month) (Doy) (Yeor)	(Hour) 21E,	INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
(APPROX.)		Whi	ile At Not While				
22. 1 certify	22. 1 certify that (1) (this hospital) attended the deceased from 4PE12 17, 19 66 to 8FE12 21 19 66						
	lost sow the deceosed		A 4 a	/ /		pinion deoth occurred on the d	
				iew the body ofter deoth	-		
23A. SIGNATU			, , , , , , , , , , , , , , , , , , , ,			23 B. DATE SIGNED	
1	Afaul		M.D. Atte	nding Med.	Stoff Phys.	4/20/10	
23C. PHYSICIA	N'S ypel	1	,	23D. ADDRESS	4	RAIT AND	
ROW.	ALD L.	PAUL	M.D.	UNIVERSITY		L. BALT., ND.	
REMOVAL		6 1	Litia /	240.	Balto	City, town, or county) (State	
SA. DATE REC'D	BY HEALTH DEPT.	25B. NAMA	OF TEGISTIAR PLA	25C. FUNERAL DIRECTO	71 5	Brandley Are	
VS 150-REV, 1/1/		900		1 . 0 . 0 1	100	to thelay fore	



B-622	66 04112 BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No					
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD					
	EMBRAY BURGESS	April 20, 1966 2:55 P _{M.}					
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE Many 1 and					
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)	Mary Land C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
	INSTITUTION	Baltimore / - / /					
	Lutheran Hospital	D. STREET ADDRESS (If rural, give locotion) 3029 Windsor Avenue					
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDO WED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months, Doys, Hours, Min.					
	Male Negro Married	March 17, 1900 66					
	IDA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI done during most of working life, even if retired)	WHAT COUNTRY?					
	Minister 13. FATHER'S NAME	South Carolina					
		Elsie					
	Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown),(If yes, give war or doles of service) SECURITY NO.	17. INFORMANT ADDRESS					
		Mrs. Leah Burgess 3029 Windsor Ave.					
		E OF DEATH INTERVAL BETWEEN					
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH					
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	riosclerotic Cardiovascular Disease.					
LEUTS IN THE	heart failure, asthenia, etc. It means the disease. injury or complication which caused death.)						
	ANTECENDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
	UNDERLYING CONDITION LAST.						
	(C)						
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
	UING CAUSE OF DEATH.	in or obout 21C. WHERE DID (If in Boltimore City, give exact lacation) office bldg., INJURY OCCUR?					
	21D TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY (APPROX.)	WHILE					
	m. WORK AT WORK						
	resulted from: Notural couses Accident Suici	de Homicide Undetermined monner					
	Accident Solicia	CHIEF MEDICAL EXAMINER					
	ACTUAL SIGNATURE Calle (Valle)	DATE SIGNED					
	EXAMINER'S NAME (Type) Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER 4/21/66					
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stote)					
Name of the last o	Burial 4/25/66 Carver Mem						
	APR 22 1966 PLANE OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS Wm C March 928 E. North Ave.					
BING BUSINESS	VS 151-REV. 1/1/65						



a hospital and

death

kind; (4) Undetermined cause; (5) Deceased

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

This certificate must be approved by the chief medical examiner

the body was released to the hospital by a

contributing

or his assistant if death

Also,

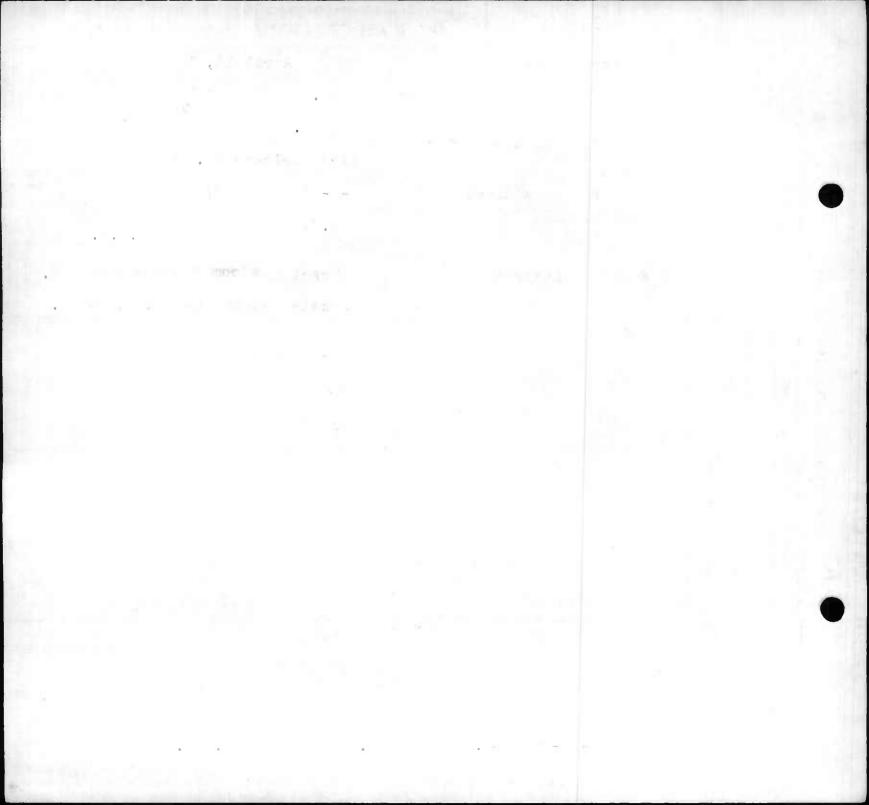
examiner.

medical

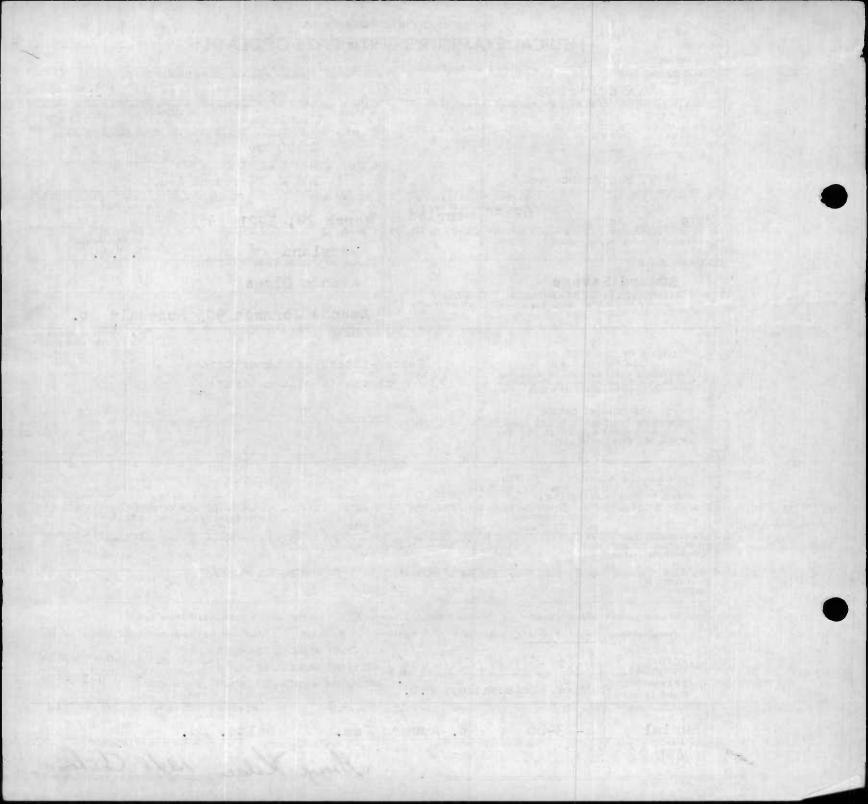
prior to death. attendance COUSE

	E CASE NO. NAME OF DEC pe or Print)				2. DAT	AND HOUR OF DEA	TH ₄
		Anna G			4	ril 18, 19	
	FULL NAME OF (If not in hospital or institution, give street			4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmis A. STATE B. COUNTY			
	HOSPITAL OR	oddress or l			Balto.		te RURAL and give township)
	90	ar Will	Bar Nu	rsing Home	D. STREET ADDRESS 1159 Stri	(If rural, give location) eker St.	
5. S	F F	6. RACE Negro	WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify) OWOO	5-5-88	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months Days Hours
		JPATION (Give kind working life, even if re		D OF BUSINESS OR INDUST	S.C,	foreign country)	U.S.A.
13.	FATHER'S NAM	WE			14. MOTHER'S MAIDEN	NAME	
15. Yes	Wos Deceased	Sampson (Ever in U. S. Arm	Chestnu	1 6. SOCIAL SECURITY NO.	Gracie	McCoom	ADDRESS
		, , , , , , , , , , , , , , , , , , , ,			Bessie M	cNeal 1159	Stricker St.
	heart failure, injury or can	asthenia, etc. It rapplication which co	meons the dise		rcinoma of		
ATION	DISEASES (rise to Ih- UNDERLYING OTHER SIGNI TO THE D DISEASE OR	ANTECEDENT CA OR CONDITIONS, B above cause G CONDITION los FICANT CONDITIO EATH BUT NOT CONDITION CAUSE	, if any, gi (A) sloting sl. ONS CONTRIBL RELATED TO SING IT.	JTING THE			
ERTIFICA	DISEASES CONSERVATION OF THE RESIGNATION OF THE DISEASE OR	OR CONDITIONS, B abave cause G CONDITION to: II FICANT CONDITION EATH BUT NOT CONDITION CAU: OPERATION 198. WA	, if ony, gi (A) sloling sl. DNS CONTRIBL RELATED TO SING IT. CONDITION F S PERFORMED	UTING THE DUE TO CO CO CO CO CO CO CO CO CO	20 A. AUTOPSY? (Yes	IN O 208. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL CERTIFICATION	DISEASES CE rise to Iho UNDERLYING OTHER SIGNITO THE DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify	OR CONDITIONS, B OBOVE COUSE G CONDITION IO: FICANT CONDITIO EATH BUT NOT CONDITION CAUS OPERATION 198	(A) sloting sl. ONS CONTRIBL RELATED TO SING IT. CONDITION F IS PERFORMED	UTING THE OR WHICH OPERATION 218, PLACE OF INJURY (e.g.		or No.) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED
MEDICAL CERTIFICA	DISEASES (rise to Ihi UNDERLYING OTHER SIGNI TO THE D DISEASE OR 19.A. DATE OF 21.A. ACCIDE! OR CONTRIBL DEATH (notify) 21.D. TIME OF INJURY (APPROX.)	PR CONDITIONS, a abave cause G CONDITION to: FICANT CONDITIO EATH BUT NOT CONDITION CAUS OPERATION 198. WA NT WAS UNDERLY JTING CAUSE Omedical examines)	(Yeer) (Haur)	DUE TO ving the (C) JTING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Work	20 A. AUTOPSY? (Yes of the control o	D (If in Bolling)	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICA	DISEASES (rise to lihit UNDERLYING) OTHER SIGNITO THE DISEASE OR 19.A. DATE OF 19.A. DATE OF INJURY (APPROX.) 21.D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) ond haur on 23.A. SIGNATU	PR CONDITIONS, B abave cause G CONDITION to: FICANT CONDITION EATH BUT NOT CONDITION CAUSE OPERATION TO MAS UNDERLY JTING CAUSE O medical examines) (Manth) (Doy) that (1) (this hose lost saw the ded d from the couse IRE	(A) slotling (A) spital (A) attend (C) slotling (A) spital (A) attend (C) slotling (A) spital (A) attend (C) slotling (A)	DUE TO Ving Ihe (C) JTING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Work At Work ed the deceosed from an 17 - (e. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes of No.), in ar about 21 C. WHERE DI office bldg., INJURY OCCU 21 F. HOW DID (hile	INJURY OCCUR?	RE FINDINGS CONSIDERED CAUSES OF DEATH?
MEDICAL CERTIFICA	DISEASES (rise to IhunderlyING) OTHER SIGNITO THE DIDISEASE OR 19.A. DATE OF 21.A. ACCIDE OR CONTRIBL DEATH (notify APPROX.) 22. I certify that (I) (we) ond haur ond 23.A. SIGNATU	PR CONDITIONS, B abave cause G CONDITION to: FICANT CONDITION EATH BUT NOT CONDITION CAUSE OPERATION WAS UNDERLY JTING CAUSE Omedical examiner) (Manth) (Doy) that (1) (this has lost saw the de d from the couse IRE	(A) slotling (A) s	DUE TO Ving Ihe (C) JTING THE OR WHICH OPERATION 21B. PLACE OF INJURY (e.g. home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Work At Work ed the deceosed from an 17 - (e. (I) (We) (did) (did not)	20 A. AUTOPSY? (Yes on No. 1 in ar about 21 C. WHERE DI affice bldg., INJURY OCCU 21 F. HOW DID (hile 1966 and 1966) view the bady after decomply the second of the seco	INJURY OCCUR? 19 to de the ln (my) (aur)	re FINDINGS CONSIDERED CAUSES OF DEATH? more City, give exact lacakan) 19 d aplinian death occurred an ti

VS 150-REV. 1/1/65



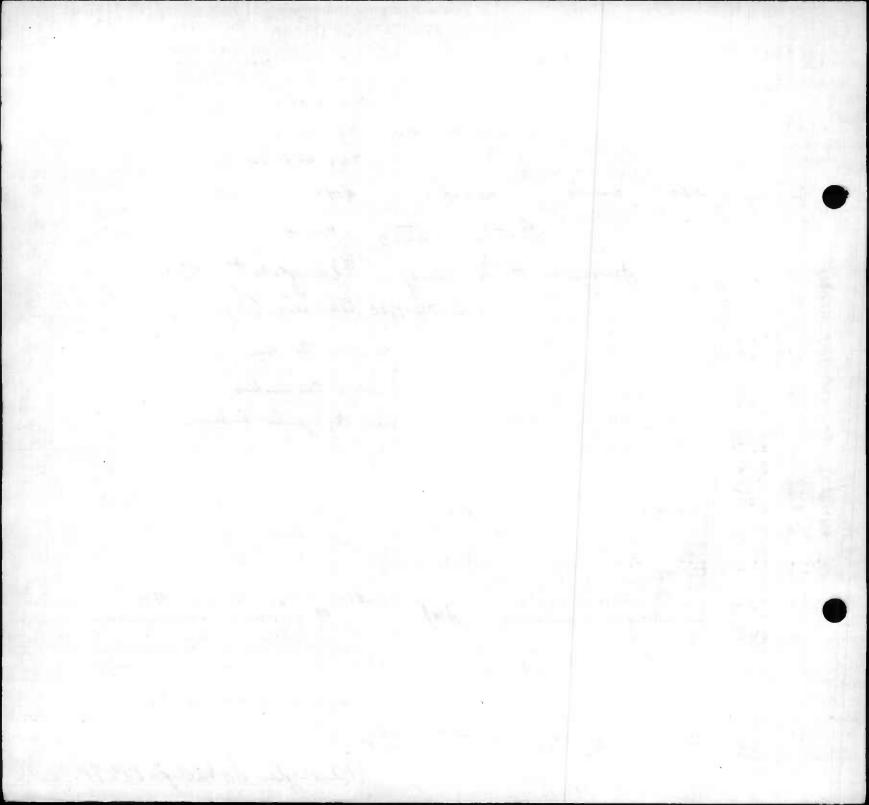
VS 151-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	66 1	14 110	HEALTH DEPARTMENT		66 04115		
M.E. CASE NO.	00 (CERTIFICA	TE OF DEATH	Registered Na	00 172 22.7		
I.NAME OF DE	CEASED A.	/	2, DATE	AND HOUR OF DEATH			
(Type or Print)	RONALD P CO	DANEY SX,	,	APRIL 19, 1966	9:00 P		
. PLACE OF DI	EATH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (W	here deceased lived. If in	stitution: residence before admissi		
			MARYLAND	ONII	5-16		
FULL NAME HOSPITAL OR	OF (It not in haspital address at lacotion	ar institution, give street ;)		autside city limits, write l	CURAL and give tawnship)		
INSTITUTION	14THERAN H	OSPITAL OF MARYLAND	BALTIMORE		white one give levising,		
		3		(If jural, give location)			
Ho			3212 Valbro	The Querue			
S S EX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 I		
MALE	COLORED	WIDOWED, DIVORCED (specify)	4/11/37	last birthday)	Months Doys Hours Min		
2	TIPATION (Give kind of work	10B, KIND OF BUSINESS OR INDUSTRY	7 / /	29	12. CITIZEN OF		
	f working life, even if retired)	0 0	II. BIKITIFEA CE (Sidle di il	areign Country)	WHAT COUNTRY?		
		Bethlehem Steel	MARYCANE	0	Cl.S.		
3. FATHERS NA	IME ()	A -2	14. MOTHER'S MAIDEN N	IAME			
	Manana	H Canada.	Manage	not BA	2111-1		
S. Was Decease	d Ever in U. S. Armed Fare	cos? 1 6. SOCIAL	17. INFORMANT	20 /00	ADDRESS		
fes, no ar unknaw	(n) yes, give wor or date	s of service) SECURITY NO.	40.	10	1		
		212-34-170	o Aldrea	Conney	Dance		
18.	4.11	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEA	ASE OR CONDITION DIR	ECTLY	1 A				
(This door	not mean the made of		artal vein Thromats	Vac-			
heart failure	, asthenia, etc. II meons	the disease.					
injuly al co	mplication which caused	death.)	erelized Carcinom	arformis			
	ANTECEDENT CAUSES	DUE TO		***************************************			
	OR CONDITIONS, if	ony, giving Ch	ensliged Concinom	Lukemia			
	he abave couse (A) IG CONDITION last.	storing the (C)	J	***************************************			
	11						
OTHER SIGN	II NIFICANT CONDITIONS C	ONTRIBUTING					
E TO THE	DEATH BUT NOT RELA	TED TO THE					
U 19A DATE O	F OPERATION 1198, CON	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or		INDINGS CONSIDERED		
1 4/19	64 WAS PERF	Sexual Obs fractions	do	IN CERTIFYING CAL	JSES OF DEATH?		
U 21A. ACCID	ENT WAS UNDERLYING	218. PLACE OF INJURY (e.g., in	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact lacation)		
	BUTING CAUSE OF	hame, farm, foctory, street, of etc.)	fice bldg., INJURY OCCUR?				
U	(Manth) (Day) (Year)	(Haur) 21 E. INJURY OCCURRED	21F. HOW DID I	ALLIEN OCCURS			
S OF INJURY	(Mailin (Day) (Tean	While At Not While		NJOK! OCCOK:			
(APPROX.)		Wark At Wark	"				
22. I certif	y that (1) (this hospital) attended the deceased from	4/11	19 64 to	4/19 19 66		
that (I) (we) last saw the decease	d alive an 4/19/	19		nian death accurred on the		
	that (1) (we) last saw the deceased alive an						
23A. SIGNAT		/ 0	The body offer door		23B, DATE SIGNED		
	6.2. 9	M.D. Atte	ending Med.	Staff	4/19/66		
DOC BUILDING	speriolery &	Phy	s. Director	Phys.	11.11.4		
23C. PHYSICI	(Type)		23D. ADDRESS	11 ,500	2 10		
	DESIDERIO L.	HEBRON JR M.D.	Lethron	Horpital of	noufond		
AA. BURIAL CR	EMATION, 248. DATE	24C. NAME of CEMETERY OF CRE	MATORY 24D.	LOCATION (C)	ly, tawn, ar county) (Stat		
REMOVAL	11/25	1/1 Bastin Ano	notized,	Booting.	in ms		
25A. DATE REC'I	D BY HEALTH BEPT.	258. NAME OF REGISTRAR	256.)FUNGRAL DIRECT	or 1 m	ADDRESS		
ΛDI		By C. Stalley M.A.	(Inline	Winn.	7.17/1/2 W.		
AFI		Feb.	www.jo	ns) fally	el 1 2/1/100		
API V\$ 150-REV. 1/1	R 22 1966 R	Sall E, dishey	uningle	ns thelly	ev 1127 n. M.		



-1	1 AC	
	P- P- H	
	as as	
	F d d d d d d d d d d d d d d d d d d d	
	Spi O O O	
	use (5)	
	Se Ca	
	ning car	
	ed ed de.	
	rib Bull Bull Bull Bull Bull Bull Bull Bul	
	oon on re re eas	
	det det	
	de d	
-	# + + × + + × × × × × × × × × × × × × ×	
Z	di di	
TA	ist kin de de ce	
OR	if if iny my	
AP	his nc en en	
=	Als Als att	
FUNERAL DIRECTOR: IMPORTANT	pproved by the chief medical examiner or his assistant if death occurred the hospital by a medical examiner. Also, if the direct or contributing any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined (except where the physician who pronounced death was in regular; and (6) No physician was in regular attendance on the deceased priobtained before the remains are embalmed or final disposition is made.	
0	fra fra em	
2	wh wh	
2	(3) (3) and s	
0	diccal cal ns; icic	
AL	edie edin	
ER	dy dy sia he	
Z	chi Bo Bo Th Th	
1	he (2)	
	No No	
	osp osp osp (6)	
	ove he h	
	th th dex dex	
	of of the part of	
	spired lear	
	cid ho ho ho	
	s re rac	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	TAEOPO	
	ws: ws: D.	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	
	4 7 0 7	

		BALTIMORE CIT	Y HEALTH DEPARTMENT		
	TH NO. 66 114116	CERTIFICA	ATE OF DEATH	Registered No.	114116 -
1, I (Ty	NAME OF DECEASED	9	2. DATE AN	D HOUR OF DEATH	-20 D
	PLACE OF DEATH IN BALTMORE, MARTLAND	RILS	4. USUAL RESIDENCE (When	e deceased lived. If instit	ution: residence before admission)
	FULL NAME OF (If not in hospital or institu	tion, give street	MARYLAND	1	4-13
	HOSP(TAL OR oddress or locotion)		C CITY OF TOWN (If out	side city limits, write RUI	(AL and give township)
		11	D. SYREET ADDRESS	furply bye locotion)	
	Johns Hopkins	Hosp	556	Dlums,	
۱.	m (wide	RIED, NEVER MARRIED OWED, DWORCED (specify)	1/56/80	86	f Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B. KIN ne during most of working life, even if retired)	OF BUSINESS OR INDUSTR	Y 11. BURTHPLACE (Stote or face)	gn coupty)	2. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NAME	*****	14. MOTHER'S MAIDEN NAM	nd	
	NATHAN THOMAS Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of serv	1 6. SOCIAL SECURITY NO.	ROSE HOLL	ANU	ADDRESS
	sylve wor or doles or serv	SECORITI NO.	Henrietta	Janes 14	115 M. Casey St.
	18. 465 X VIII	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) (O	relike and	st	mens
	(This does not meon the mode of dying, heart foilure, osthenio, etc. It meons the dis-				
	ANTECEDENT CAUSES	(B)	Moundly Cl	wholes	thens
	DISEASES OR CONDITIONS, if ony, g	The second second			
	rise to the obove couse (A) stoling UNDERLYING CONDITION tost.	The (C)			
N	OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING DA AA	- 41	- / /	
ATIO		Tropuedan	reerown Of thing	cluetasleses	Mws.
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED	FOR WHICH OPERATION	20 A. AUTOPSY? Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	()f in Boltimore C	ity, give exact location)
MEDI	OF INJURY	21E. INJURY OCCURRED While At Not Wi	21F. HOW DID INJ	URY OCCUR?	
	(APPROX)	Work At Wor	k 41111	olde 4/	16 106
	22. I certify that (this hospital) attended that (i) (we) last saw the deceased alive	an 4/16	19 66 and the	at in (myc) (aur) apinio	in death accurred an the date
	and haur and fram the causes stated abar				
	23A. SIGNATURE	M.D. A	ttending Med.	Stoff Phys.	LITEDICAL COCO
	23C. PHYSICIAN'S NAME Type		23 D. ADDRESS	,	11610106
	W.H. SPENCEN	M.C	7/1//		
24	A. BURIAL CREMATION, 24B. DATE 20	C. NAME OF CEMETERY OF C		OCATION (City,	town, or county) (State)
25	A. DATE REC'D BY HEALTH DEPT. 25B, NA	ME OF REGISTRAR	259 FUNERAL DIRECTOR	alleman	ADDRESS
	APR 22 1966 Robert &	ME OF REGISTRAR	allingtony	1. fhillips 1:	7271. Mousie St.
VS	150-REV. 1/1/65			-	

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

BALTIMORE CITY HEALTH DEPARTMENT

		,,,					
C	ER	TIF	ICA	TE	OF	DEA	TH

Registered	No.	14	11	17
------------	-----	----	----	----

Type or Print)	CEASED	Z,	2. DATE AND HOU	R OF DEATH		
7.5	Walte	r Johnson	April 17	, 1966 2:15 A		
PLACE OF DI	EATH IN BALTIMORE,	MARYLAND	4. USUAL RESIDENCE (Where deceo: A. STATE B. COUNTY	sed lived. If institution: residence before admission		
FULL NAME		oital or institution, give street	Maryland	15-15		
INSTITUTION		ent Hospital		limits, write RURAL and give township)		
	1514 D	ivision Street	D. STREET ADDRESS (If rurol, giv			
20		ore, Maryland				
371	-		4221 Towanda A			
Male	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	fast birth			
		work 108. KIND OF BUSINESS OR INDUSTR		fry) 12, CITIZEN OF		
	of working lile, even if retir	red)		WHAT COUNTRY?		
Janitor		Calvert Bistiller		U.S.A.		
3. FATHER'S NA	rwn Will	iam Jahnson	14. MOTHER'S MAIDEN NAME	ma Wala		
5. Was Decease	d Ever in U. S. Armed		17. INFORMANT	ADDRESS		
res, no ar unkno w	vn)(If yes, give war ar		Do -d - T			
Inc. i di		228-07-2458	Regina Johnson	Same		
18. 4 2	0,01	CAUSE	OF DEATH RTERIOSCHEROFIC H	INTERVAL BETWEEN ONSET AND DEATH		
DISEASES	ANTECEDENT CAUSES OUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the (C) UNDERLYING CONDITION tost.					
rise fo I	he obave couse	(A) sloting the (C)				
UN DERLYIN	he obave couse	(A) stoling the (C)	an Emplism Conce	etipo Failure		
OTHER SIGN TO THE DISEASE OF	he obave couse NG CONDITION lost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN DE OPERATION [198.	(A) stoling the (C)	20A. AUTOPSY? (Yes or No) 208. I	Etypo Failure FYES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?		
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DEATH (not)	he obave couse NG CONDITION lost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN DE OPERATION [198.	IS CONTRIBUTING (C) IS CONTRIBUTING (MON (N) (N) (N) (N) (N) (N) (N) (N) (N) (N	20A. AUTOPSY? (Yes or No) 208. I	F YES, WERE FINDINGS CONSIDERED CRITIFYING CAUSES OF DEATH?		
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF THE	he obave couse NG CONDITION fost, II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSIN DF OPERATION 198. 6 WAS ENT WAS UNDERLYIN BUTING CAUSE OF	(A) stoling the (C) IS CONTRIBUTING RELATED TO THE MONOTON (C) CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (ear) (Hour) 21E. INJURY OCCURRED While At Not Wh	in at about 21C. WHERE DID office bldg., INJURY OCCUR?	ERTIFYING CAUSES OF DEATH? (If in Boltimare City, give exact location)		
OTHER SIGN TO THE DISEASE OF TO THE DISEASE OF TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (not) THE DEATH (not) THE DEATH (not) THE DEATH (APPROX.)	he obave couse NG CONDITION fost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSH OF OPERATION 198. WAS VENT WAS UNDERLYIN BUTING CAUSE OF (fy medical examine) (Month) (Doy) (Y	(A) sloting the (C) IS CONTRIBUTING RELATED TO THE (MCN.) CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (ear) (Haur) 21E. INJURY OCCURRED While At Not Wh	in at about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltimare City, give exact location)		
OTHER SIGN TO THE SIGN TO THE DISEASE OF LONG RECONTRIL DEATH (notified of INJURY (APPROX.)	INTERPRETATION (AND INTERPRETATION OF OPERATION OPERATION OF OPERATION OP	(A) stoling the (C) IS CONTRIBUTING RELATED TO THE (MCN.) CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) earl (Hour) 21E. INJURY OCCURRED While At At Wark At Wark At Wark At Pari 1 17	in at about 21C. WHERE DID office bidg., INJURY OCCUR?	(If in Boltimore City, give exact location) CCUR?		
NOTHER SIGN TO THE TOTAL T	The obave couse of CONDITION tost. II NIFICANT CONDITION DEATH BUT NOT RECONDITION CAUSH OF OPERATION 198. ENT WAS UNDERLYING CAUSE OF (Month) (Doy) (Yes) Ty that (1) (this hosp) last saw the december of CONDITION CAUSE OF (Month) (Doy) (Yes)	(A) sloting the (C) Its CONTRIBUTING RELATED TO THE RELATED TO THE ROOM OF TH	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimore City, give exact location) CCUR?		
OTHER SIG TO THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DISEASE OF THE DEATH (not) THE DEATH (not) THE OF INJURY (APPROX.)	In CONDITION tost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSH OF OPERATION 198. ENT WAS UNDERLYING CAUSE OF (fy medical exominer) (Manth) (Day) (Y	(A) stoling the (C) IS CONTRIBUTING RELATED TO THE (MCN.) CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) earl (Hour) 21E. INJURY OCCURRED While At At Wark At Wark At Wark At Pari 1 17	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Boltimore City, give exact location) CUR? ta April 17, 1966 ty) (aur) opinion death accurred an the d		
NOTHER SIGN TO THE TOTAL T	In CONDITION tost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSH OF OPERATION 198. ENT WAS UNDERLYING CAUSE OF (fy medical exominer) (Manth) (Day) (Y	IS CONTRIBUTING RELATED TO THE MICHON (RELATED TO THE MICHON (RELATE	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 and that In(m	(If in Baltimore City, give exact location) CCUR? 10 April 17, 1966 11y) (aur) opinion death accurred an the displayed and the displayed april 238. DATE SIGNED		
NOTHER SIGN TO THE SIGN TO THE SIGN TO THE SIGN TO THE DISEASE OF THE SIGN TO	In CONDITION tost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSH OF OPERATION 198. ENT WAS UNDERLYING CAUSE OF (fy medical exominer) (Manth) (Day) (Y	IS CONTRIBUTING RELATED TO THE CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Wh Work At Work Dital) attended the deceased from Meased alive an April 17, stated above. (I) (We) (did) (did nat)	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	(If in Baltimore City, give exact location) CCUR? 10 April 17, 1966 11y) (aur) opinion death accurred an the displayed and the displayed april 238. DATE SIGNED		
NOTHER SIGN TO THE SIGN TO THE SIGN TO THE SIGN TO THE DISEASE OF THE SIGN TO	he obave couse NG CONDITION fost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSI OF OPERATION 198. WAS LENT WAS UNDERLYIN BUTING CAUSE OF (y medical examiner) (Manth) (Day) (Y ty that (1) (this hosp had from the causes FURT	IS CONTRIBUTING RELATED TO THE MONG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.) 21E. INJURY OCCURRED While At Not Whork Dital) attended the deceased fram April 17, stated above. (I) (We) (did) (did nat)	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 and that In(m view the bady after death.	(If in Boltimore City, give exact location) CCUR? to April 17, 19 66 ny) (aur) opinion death accurred on the diagram of the		
NOTHER SIGN TO THE DISEASE OF DISEASE OF DISEASE OF DISEASE OF DISEASE OF THE DISEASE OF THE DEATH (not) DEATH (no	he obave couse NG CONDITION fost. II NIFICANT CONDITION DEATH BUT NOT R CONDITION CAUSI OF OPERATION 198. (WAS LENT WAS UNDERLYIN BUTING CAUSE OF (Month) (Day) (Y Ty that (I) (this hosp and from the causes FURT IAN'S (Type) Dr. Gil	(A) stoling the (C) IS CONTRIBUTING RELATED TO THE (MC) ORG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork At Work Dital) attended the deceased from April 17, stated above. (I) (We) (did) (did nat) April 17, M.D. April Dept. Banfield	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 and that In(m view the bady after death. 18tending Med. Stoff Phys. 23D. ADDRESS	(If in Boltimore City, give exact location) CCUR? to April 17, 19 66 my) (aur) opinion death accurred on the discourse of the April 18, 1966 EAUTIMAL MI		
OTHER SIGN TO THE SIGN TO THE DISEASE OF DISEASE OF THE DISEASE OF	INIFICANT CONDITION DEATH BUT NOT REMATION 198. PREMATION (Day) Ty that (1) (this hosp a) last saw the decended from the causes FURY REMATION, 248. DATI (Specify) LINIO CONDITION REMATION, 248. DATI (Specify)	(A) stoling the (C) IS CONTRIBUTING RELATED TO THE (MC) ORG IT. CONDITION FOR WHICH OPERATION PERFORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Whork At Work Dital) attended the deceased from April 17, stated above. (I) (We) (did) (did nat) April 17, M.D. April Dept. Banfield	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 19 66 19 and that In(m view the bady after death. 19 67 21D. ADDRESS 22D. ADDRESS REMATORY 24D. Locatio	ccur? (If in Boltimore City, give exact location) CCUR? ta April 17, 19 66 ta April 18, 1966 April 18, 1966 CCUR?		
OTHER SIGN TO THE DISEASE OF DISEASE OF DISEASE OF DISEASE OF TO THE DISEASE OF T	INIFICANT CONDITION DEATH BUT NOT REMATION 198. PREMATION (Day) Ty that (1) (this hosp a) last saw the decended from the causes FURY REMATION, 248. DATI (Specify) LINIO CONDITION REMATION, 248. DATI (Specify)	(A) sloting the (C) IS CONTRIBUTING (C) IS CONTRIBUTION (C) IS CONTRI	in at about 21C. WHERE DID office bldg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19 66 and that In(m view the bady after death. 19 66 Phys. 22D. Address 23D. Address 24D. Locatio	(If in Boltimore City, give exact location) CCUR? to April 17, 19 66 may) (aur) opinion death accurred on the display April 18, 1966 The Boltimore City, give exact location)		

monkflan

Isla Division Street

Baltimore, Maryland

sunera abanwa? ISSA

Hale Negro

Totlast

Unicaments

Burrand

1-29-16

,

Calvert Bistillery Virginia

Untertieva

228-07-2458 Regina Johnson

.

Marca 18,

April 17.

Maril Line

1514 Division Street

Dr. Gilbert Banfield

death Such Deceased LO hospital death. of attendance ing cause cause; (5) prior contributing etermined regular mad deceased disposition = und Was the 0 death final ance any pronounced or attend his balmed fracture of 4 EB regul who are 4 = physician the remains chief medical medical burns; Was physician the ō before the (7) where the hospital å nature;

obtained

must

approval

9

and

death) hospital

0

prior

eceased

O

shows: (1) Arwas D.O.A.

(except

any

of

accident

Was at

the body

approved

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 2 0 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) Maryland (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city fimits, write RURAL and give township INSTITUTION Baltimore City Hospitals Baltimore 4940 Eastern Avenue D. STREET ADDRESS (If rural, give location) 21224 Baltimore, Maryland 21224 3233 Fleet Street 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. WIDOWED DIVORCED (specify) Hours last birthday) 3-14-1883 Female White 10A USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or largin country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Own Home U.S.A. Germany 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John H. VonSpreckelsen Christina R. Beicker 15. Was Deceased Ever in U. S. Armed Farces 17. INFORMANT 6. SOCIAL ADDRESS (Yes, no ar unknown) (II yes, give war or dates of service) SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue 213-50-6037 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease, injuly of complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION OPERATION (WAS PERFORMED Corcumona) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF PARE OF INJURY (e.g., in or about 21C. WHERE DID hame, lorm, foctory, street, office bldg., INJURY OCCUR? (II in Baltimore City, give exact lacotion) MEDICAL DEATH (notify medical examiner) (Year) IDay) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 1966 to apti 22. I certify that (I) (this haspital) attended the deceased from March 20 19 6 6 and that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on...... aptil and hour and from the causes stated above (1) (We) (did) (did not) view the body ofter death. 23A, SIGNATURE 23 B. DATE SIGNED Med. Director M.D Attending Phys. 23 C. PHYSICIAN'S 23D. ADDRESS NAME | Type) Stephen Gregg 4940 Eastern Avenue, Baltimore, Maryland 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) Burial 4-23-1966 Sacred Heart

VS 150-REV. 1/1/65

APR 22 1966

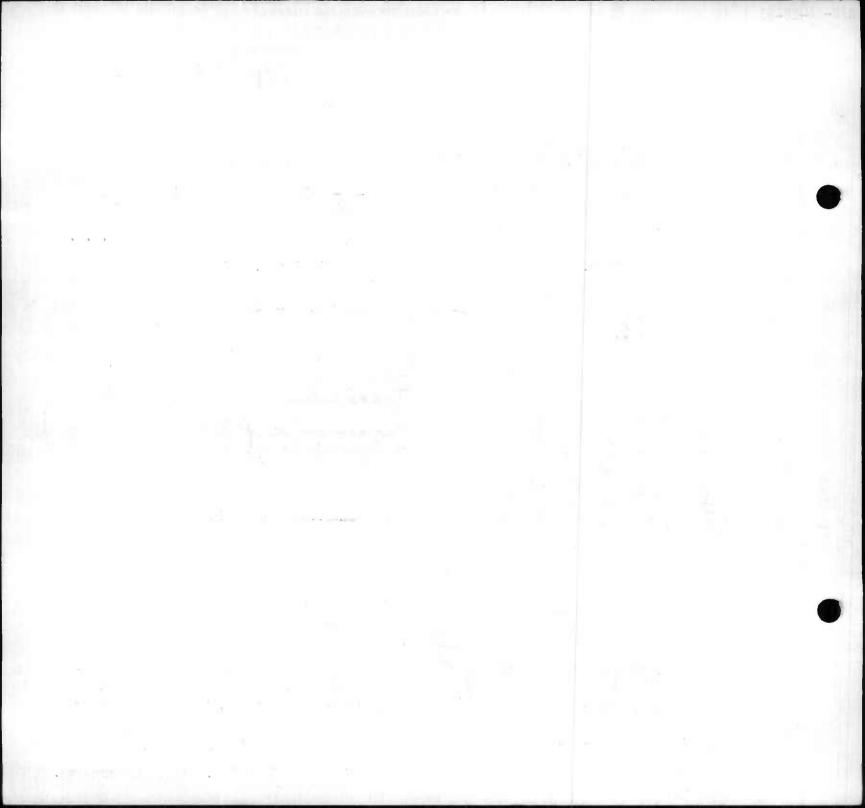
25B NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Baltimore County, Maryland ADDRESS

Lilly & Zeiler Inc.

1901 Eastern Ave.



	death accurred in a host or cantributing cause Undetermined cause; (5) as in regular attendance deceased prior ta dec
IMPORTANT	Also, if the direct re af any kind; (4) Inaunced death we attendance on the
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner ar his assistant if death accurred in a hosy the body was released to the hospital by a medical examiner. Also, if the direct or cantributing cause shows: (1) An accident af any nature; (2) Body burns; (3) A fracture af any kind; (4) Undetermined cause; (5) was D.O.A. at a haspital (except where the physician wha pranaunced death was in regular attendance deceased prior ta dece

of death of death Deceased ce on the

eath.

attendance

a hospital

BALTIMORE CITY HEALTH DEPARTMENT 66 04119 Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH April 21, 1966 (Type or Print) JOHN H. SMITH 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Ralti more 2214 Cambridge Street D. STREET ADDRESS (If rural, give location) 2214 Cambridge Street made. 9. AGE (In years 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 1 Yr. Months: Days 6. RACE If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday) Male White Sept. 16, 1886 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) Baltimore, Maryland Retired Bargeman Western Maryland R R 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Frank Smith Augusta Thiel 17. INFORMANT ADDRESS 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. 512 S. Lehigh Street 705-10-6535 No John C. Smith CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It means the disease, injury or camplication which caused deeth.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (ve) lost sow the deceased alive on. and that in (my) (our) opinion death accurred on the date ond hour ond from the couses stoted obove. (1) (#a) (did) (did-mot) view the body after death. 23A, SIGNATURE 238, DATE SIGNED Attending Phys. Med. Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. DATE (City, town, or county) REMOVAL (Specify) Burial 4-23-1966 Schwartz Baltimore, Maryland

VS 150-REV, 1/1/65

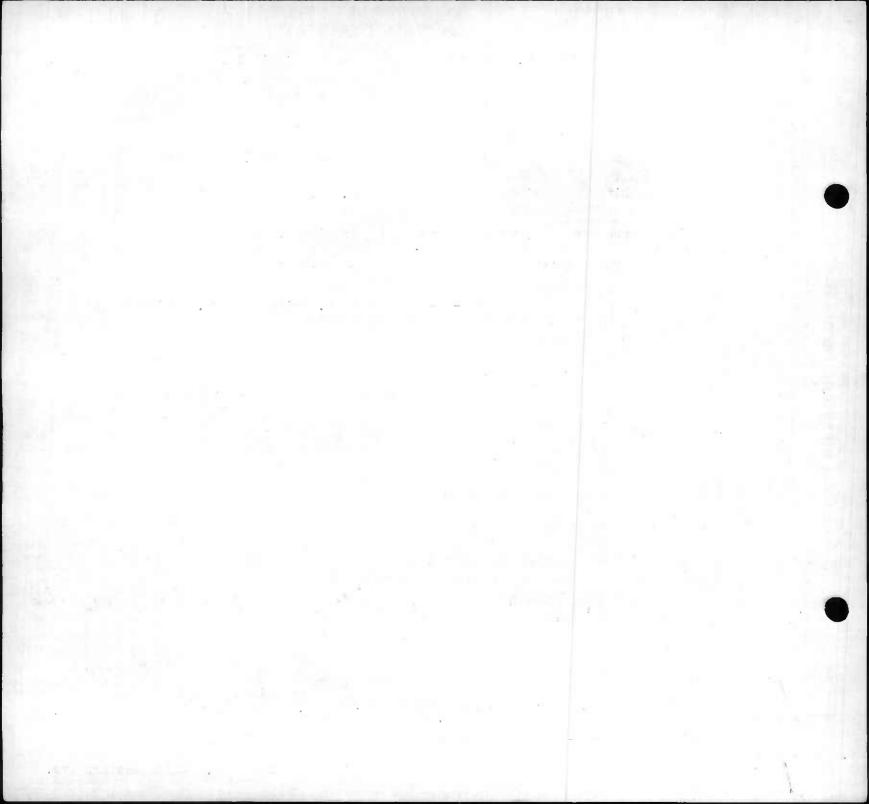
20B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

ADDRESS

Lilly & Zeiler Inc.

1901 Eastern Ave.



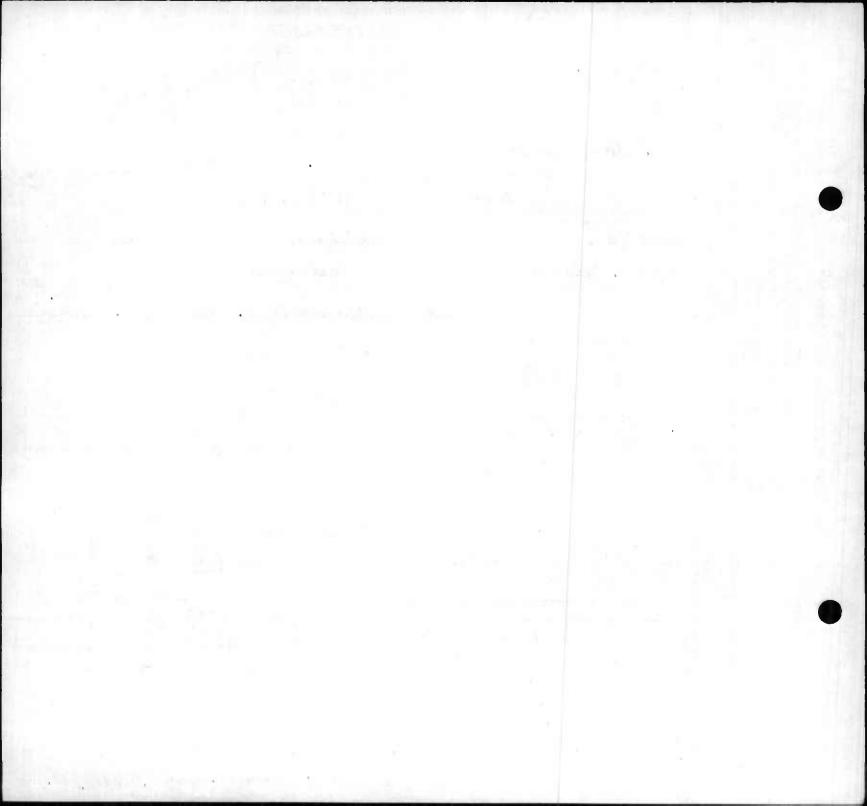
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

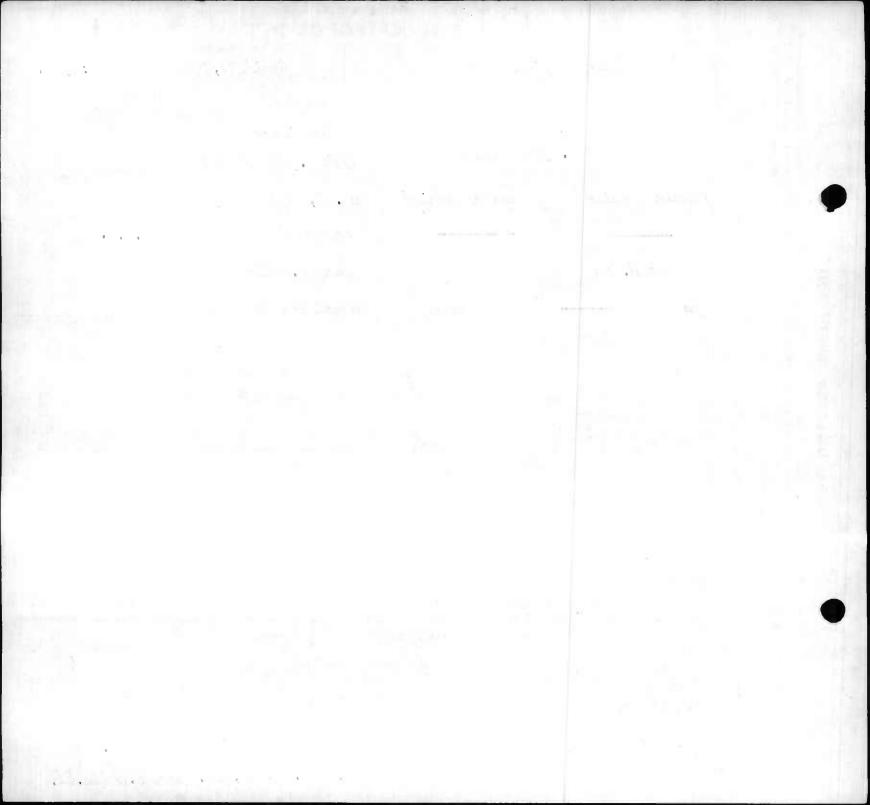
Registered	No.5	115	100
3	,	7	

	CASE NO.	CERTIFICA	ATE OF DEATH	Registered No.	03120
Type o	or Pringsabelle C. Blace	-6	, ,	TO HOUR OF DEATH	1230 P
3. Pl A	CE OF DEATH IN BALTIMORE MARY	LAND	4/19/	/ 400 re deceased lived. If ins	stitution: residence before odm
01 157	The state of the s		A. STATE B. COUN	ITY	-1 1
FUL	LL NAME OF (If not in hospital or oddress or location)	institution, grve street	Maryland	6	0
	TITUTION		C. CITY OR TOWN (If ou	tside city limits, write R	URAL ohd give fownship)
/	1172 N 1: 1 1		Baltimore D. STREET ADDRESS (III	rurol, give location)	
4	413 N. Linwood Aver	we	473 N. Linux		
5. SEX	6. RACE 7.	MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In veors	If Under 1 Yr. If Under 2
F	- W	WIDOWED, DIYORCED (specify) Widowed		182 84	If Under 1 Yr. If Under 1 Months Doys Hours
	SUAL OCCUPATION (Give kind of work) uring mast of working life, even if retired)	OB. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
	**		Baltimone, May	uland	11SA
13. FA1	Housewife THERS NAME		Baltimore, Mar 14. MOTHER'S MAIDEN NA	ME	
	Joseph A. McDonala		Dona Verge	5	
(Yes, no	o or unknown) (If yes, give wor or dotes	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS Ave.
No		None	Miss Donothy	E. Scharf 4	173 N. Linuo o
18.		CAUSE	Miss Dorothy		INTERVAL BETWEE
	DISEASE OR CONDITION DIRE	CTLY	43	A 0	ONSET AND DEA
	LEADING TO DEATH	(A)	coronary arting	Veelusion	day
	This does not mean the made of d eart lailure, asthenia, etc. It means t	nying, e.g., DUE TO he disease,	Coronary aring tens - Voleratie Ca		
	njury ar camplication which caused d	leath,)	tenis - Velenatre Ca	rxis . Vascul	ev Hank-
	ANTECEDENT CAUSES	DUE TO	Arzense		
	DISEASES OR CONDITIONS, if an	ny, giving			
	se la lhe abave cause (A) s INDERLYING CONDITION last.	siding the (C)			
E TO	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELAT DISEASE OR CONDITION CAUSING IT.	ED TO THE			
U 19	A. DATE OF OPERATION 198. COND	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	208. IF YES, WERE F	INDINGS CONSIDERED
ERTIF	WAS PERFO	KWED		IN CERTIFIEN CAL	Jaca OF DEATH!
U 21.	A. A CCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF	in or obout 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)	
	EATH (notify medical examiner)	etc.)	San		
	D. TIME (Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID IN.	URY OCCUR?	7
1 > 1	F INJURY	While At Not Wh			
		Work L At Work	/		10
	2. I certify that (I) (this haspital)		1 1 1	1966 to 4/	*
the	nat (I) (we) last saw the deceased	alive an april 16	19 66 and th	nat in (my) (our) apir	nion death occurred on th
an	nd haur and from the causes state	d abave. (1) (We) (did) (dld not)	view the body after death.		
					COS DATE SIGNIED
	A. SIGNATURE				23B. DATE SIGNED
	Philibert arte	M.D. Al	ttending Med. Director	Stoff Phys.	4/20/66
234	Philibert arti	jenne M.D. Al	ttending Med. Director 23D. ADDRESS	Stoff Phys.	/ /
234	Philibert arti	1	23D. ADDRESS		/ /
23/	Philibert arti	gianci M.D	23D. ADDRESS 2305 Mays	reld avr.	4/20/66 Baltomon, M.
23 ⁴	Philibert arti	1	23D. ADDRESS 2305 Mays	rield ave	4/20/66 Baltemon MA
234 234 Bu.	Chilibert articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philiperical 4/22/1	9 L'A 72 L M.D	23D. ADDRESS 2305 May 6 REMATORY 24D. 1	reld ave.	Baltimon MA y, town, or county) (S
234 24A. B	Chilibert articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philiper Phili	24C. NAME of CEMETERY of CO 266 New Cathedral 25B. NAME OF REGISTRAR	23D. ADDRESS 2305 Mays REMATORY 24D. 1 Come to Ba 25C. FUNEVAL DIRECTO	rield ave. ocation (Gir	4/20/66 Baltomon, M.
234 234 Bu.	Chilibert articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philibert Articles Philiperical 4/22/1	giani M.D 24C. NAME of CEMETERY of C	23D. ADDRESS 2305 May 6 REMATORY 24D. 1	rield ave. ocation (Gir	Baltimon M. y, town, or county) ruland



	EIINEDAL DIDECTOD. IMPORTANT	MATGODA	-			
	COLLAC DIALO.	NIC ON THE				1
This certificate must b	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	his assistant	if death	occurred in	a hospital and	5 (
the body was release	d to the hospital by a medical examiner. Al	so, if the di	rect or co	ntributing c	ause of death	1
shows: (1) An accident	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	of any kind;	(4) Undete	rmined caus	e; (5) Deceased	7
was D.O.A. at a hospital (e.	ital (except where the physician who pronou	unced death	was in r	egular atter	ndance on the	
deceased prior to death); c	1th); and (6) No physician was in regular attendance on the deceased prior to death. Such	tendance on	the dece	ased prior t	to death. Such	1
written approval mus	written approval must be obtained before the remains are embalmed or final disposition is made.	ed or final di	sposition i	s made.		
2	Cit A Claiman Ca Clare	1 S	5. de	5.	M 1. (T	

	00 -144	186	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.	66 0413	< 欄	CERTIFICA	TE OF DEATH	Registered No	5 04127
M.E. CASE NO.	FACED					
(Type or Print)		1:11 /			ND HOUR OF DEATI	
3. PLACE OF DEA	Mary Ea	RYLAND	ee.	4. USUAL RESIDENCE (Who	ore deceased lived. If	7:45 A. A. institution: residence before admission.
				A, STATE B. COU	NTY	9 21
FULL NAME O			rive stroot	Maryland		1-06
HOSPITAL OR	oddross or locotion	1/		C. CITY OR TOWN (IF or		RURAL and give township)
				Baltimore	2	
	1714 8. 3	30th Str	eet		rurol, give location)	
0.0:				1/14 E. 30th	Street	
S. SEX	6. RACE	7. MARRIED, WIDOWED	NEVER MARRIED , DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
Female	White		er married	Aug. 27. 1882	83	
		108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	oign country)	12. CITIZEN OF WHAT COUNTRY?
one during most of v	working life, even if retired)			Manuland		U.S.A.
3. FATHER'S NAM	A.E.			Maryland 14. MOTHER'S MAIDEN NA	AA F	U. J. 7.
	A. Lee		De la companya di Paris di Par	Mary E. Rod	ley	
5. Was Deceased	Ever in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORMANT	0	ADDRESS
no	,,,,,			Robert Lee Mc	+++	
1B. 44 9	1 E		CAUSE OF		Miews	INTERVAL BETWEEN
/	E OR CONDITION DI	NECTLY.	0,1001	DET (III		ONSET AND DEATH
	LEADING TO DEATH	RECTET	O +	0 + 1	201 d	10 - 1
	ol meon the mode of		DUE TO	noscente	- V aces	
	osthenia, etc. It means plication which coused		Cere	had anter	melan) 10 7/0
	ANTECEDENT CAUSES		(B) STan	revalind a	terron lar	
			DUE TO	1		
	OR CONDITIONS, if a obave couse (A)		(C)	1/		
	CONDITION last.	Juling III	(0)			
	- 11					
OTHER SIGNI	FICANT CONDITIONS C					
	EATH BUT NOT RELA					
			VHICH OPERATION	20A. AUTOPSY? (Yos or N	o) 20B. IF YES, WERI	FINDINGS CONSIDERED
19A. DATE OF	WAS PER	FORMED			IN CERIFTING C	AUSES OF DEATH?
U 21A. ACCIDEN	T WAS UNDERLYING	21 B.	PLACE OF INJURY (o.g., in	or obout 21C. WHERE DID	(If in Boltime	ore City, give exoct locotion)
▼ DEATH (notify	medical examiner)	otc.)		fice bldg., INJURY OCCUR?		
Ο 21D, TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	HIRY OCCUP?	
S OF INJURY	(**************************************		le At Not While		JORT OCCOR.	
(APPROX)		Wor				
22. I certify	that (1) (this-hospite) attended th	ne deceased from	a	1953 to Q	e 21 1966
that (I) (we)	lost saw the decease	d alive an	april 1	9 19 66 and t	hat in (my) (our) o	Inian dooth accurred an the dat
			11	iew the bady after death.		
23A. SIGNATU		160 000 46. (1) (114) (014) (014-1151) V	lew the body offer death.		23B. DATE SIGNED
W 1-	91)	M.D. Allo	onding Med.	Stoff	4.21.66
11.14.	frenz	ar .	Phy	s. Director	Phys.	7.21.00
23C. PHYSICIA NAME (T				23D. ADDRESS	and	. 00
WM.	H.CRE	NZE	R M.D.	1520 6	33	Att.
AA. BURIAL CRE		24C. NA	ME of CEMETERY or CRE	MATORY 24D.	LOCATION	City, town, or county) (State)
REMOVAL (S	1/22/1		1 1 0			
Buria	4/23/6	6 Va	R Lawn (emet	SC. FUNERAL DIRECTO	Baltimore	Md. ADDRESS
DA. DATE REC'D	BY HEALTH DEPT.	25B. NAME O	F REGISTRAK	O I A	K	ADDRESS
APR 2	2 1988 10 0	e o I	1.40	John A. Mon	van Inc. 30	00 E. Balto St.1
VS 150-REV. 1/1/6	55 1000 Upon	10 01 00	anani wa			C. T.



(4) Undetermined cause; (5) Deceased contributing cause attend prior occurred is made. regular deceased disposition death 5 Mas the assistant death HO kind; final attendance any pronounced 0 or his Also, embalmed o fracture the chief medical examiner O regul ho GLO 4 3 <u>e</u> physician the remains MOS medical burns; physician Body the O before to the hospital by 3 where °N any nature; be obtained 9 approved (except and

eath)

Ö

0

prior at

0

was D.O. shows:

An accident of hospital

the body was released

certificate

the Such

uo

ance

eath.

Ö

0

and

hospital

of death

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 1 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) IN BALTIMORE 3. PLACE OF DEATH 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTA A. STATE FULL NAME OF (If not in hospital ar institution, give street (If outside city limits, write RURAL and give township) HOSPITAL OR oddress or locotion) TOWN D. STREET ADDRESS (If rutol, give lacotion DATE OF BIRTH 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In If Under 1 Yr. Manths: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) lost birthday) MRRIEd ever CCUPATION (Give kind of work 108 KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY (areign country) done during mast of working life, even if retired) 13. FATHERS NAME 15. Was Deceased Ever h U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at camplication which coused deoth,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION Iosi. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED No 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? (II in Boltimore City, give exact lacotion) DEATH (notify medical examined etc. MEDI 21D. TIME (Month) (Day) (Year) (Haus) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Wark 22. I certify that (1) (this hospital) attended the deceased fram that (I) (we) last saw the deceased alive an and that In(my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. M.D. Med. Stoff Director approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 2519 M.D. deceased written ap 24A. BURIAL CREMATION, DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, town, (State) e.m FUNERAL DIRECTOR ADDRESS

PRELIMENT A Managhina , Degrana ya 354 Kenneson Huma Hours Demorral A THE MALESTAN STATE

the

uo

ance

attend

regular

=

SDM

death kind;

pronounced

who

physician

the 0

where

(except

hospital

0

to

O.A.

MOS

any

of

fracture

(3)

burns;

Body

nature;

any

of

accident

An

shows: ö

examiner.

medical

by (2)

to the hospital

the body was released

must

certificate

(2) COUSE

(4) Undetermined cause;

contributing occurred

direct

the

and of death Deceased

hospital

0

=

BALTIMORE CITY HEALTH DEPARTMENT Registered 66 (14123 66 04123 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. INAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RAIG eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE (If not in hospital or institution, give street FULL NAME OF O HOSPITAL OR (If outside city limits, write RURAL and give fownship) 0 Charles Gen. IVesp. prior 2724 N. Charles ST. (If rurol, give location) AbRa is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. deceased Months Doys Hours Min. WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. 8IRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most af warking life, even if retired) HOUSEWIFE 13. FATHER'S NAME the Hutzlee, Andeew LO 15. Was Deceased Ever in U. S. Armed Forces 7. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury ar camplication which caused death.) ANTECEDENT CAUSES GLO DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the Ξ before the remains UNDERLYING CONDITION last. MOS CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout #C. WHERE DID home, form, foctory, street, office bldg., WJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °N MEDICAL DEATH (notify medical examined) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX) Al Work and Work 66 22. I certify that (I) (this hospital) pitended the deceased from 1966 99 that (1) (s) last saw the deceased alive an and that in (my) (our) apinian death accurred on the date 3 deat and haur and from the stated above. (1) (WE) (did) (the most) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Med. Stoff M.D. Attending 10 Phys. Director Phys. approval 23C, PHYSICIAN'S 23 D. ADDRESS prior NAME (Type) M.D. eceased BURIAL CREMATION 24C. NAME of CEMETERY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written d 256. FUNERAL 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS DIRECTOR Ö VS 150-REV. 1/1/65

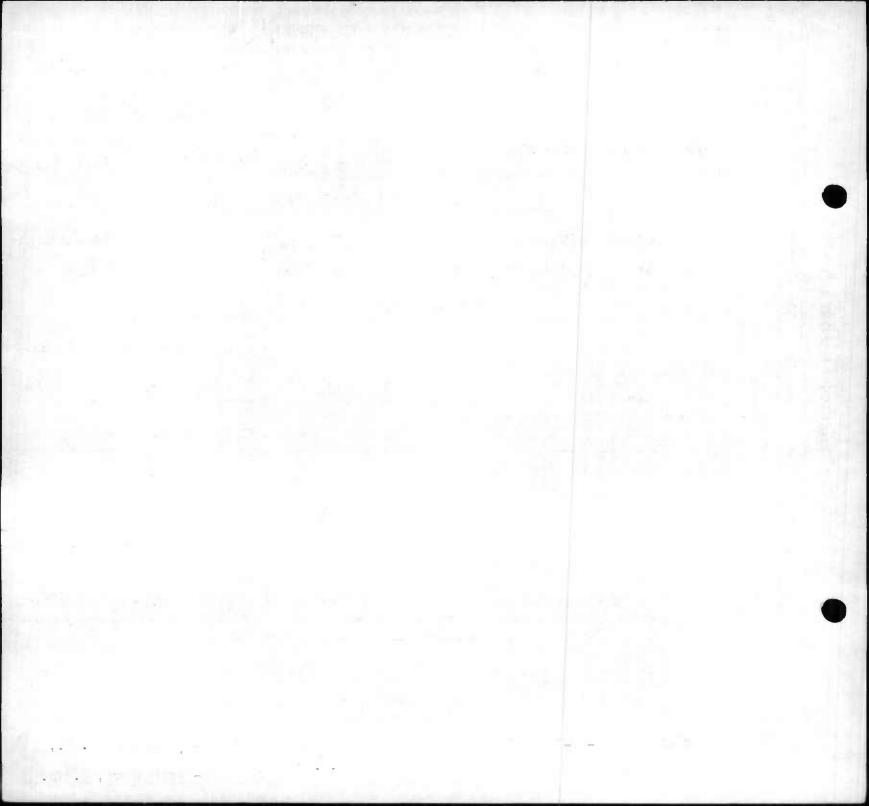
The state of the s Mr. Valentine The state of the s The last of the last of the state of the they were to discountly agent.

FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deather shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

Such

BALTIMORE CITY HEALTH DEPARTMENT
BIRTH NO. 66 14124 CERTIFICATE OF DEATH Registered No. 14124
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Pant) Ruth JACOPETTI 4/20/46 12 1/2 1/2 m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before of mission) A. STATE B. COUNTY
FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township)
MARY LAND GENERAL HOSPITAL D. STREET ADDRESS (II TUDG), give locotion) DRIVE
5. SEX 6. RACE , 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH, 9. AGE (In yours If Under 1 Yr., If Under 24 Hrs.
F WIDQWED, DIVORCED (specify) 3/14/99 lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF WHAT COUNTRY?
House wife W. VA US
13. FATHER'S NAME STAMEY
DAVID DEUNGER RITA DE UNGER
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS SECURITY NO. 17. INFORMANT SECUR
NO 572-10-5252 ChArt
18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CHRONIC PRIVAL FALLIDE & NO
(This does not mean the made of dying, e.g.,
heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.)
injuly at camplication which caused deeth.) ANTECEDENT CAUSES (B) CHRONIC PYECONEPHRITIS Y/15
DISEASES OR CONDITIONS, if any, giving
underlying condition last.
11
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF // home, form, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
Work Work Work
22. I certify that (1) (this hospital) attended the deceased from 3/20/6019 to 7/20 1960,
that (1) (we) last sow the deceased alive on 4/20/6019 and that in (my) (our) opinion death accurred an the date
and haur and from the causes stated above. (1) (We) (did rem) view the body after death.
23A. SIGNATURE
M.D. Attending Med. Stoff Phys. 4/20/66
23C. PHYSICIAN'S NAME (Type)
J. W. MAUN M.D. GENERAL 180SPITAL
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specily)
REMOVAL (Specily) Burial 4-23-1966 Pleasant View Memory Gardens Martinchura Basis W. Va
REMOVAL (Specily) Burial 4-23-1966 Pleasant View Memory Gardens Martinchurg Baria W. Va
Burial 4-23-1966 Pleasant View Memory Gardens Martinsburg Berkeley W.Va.,



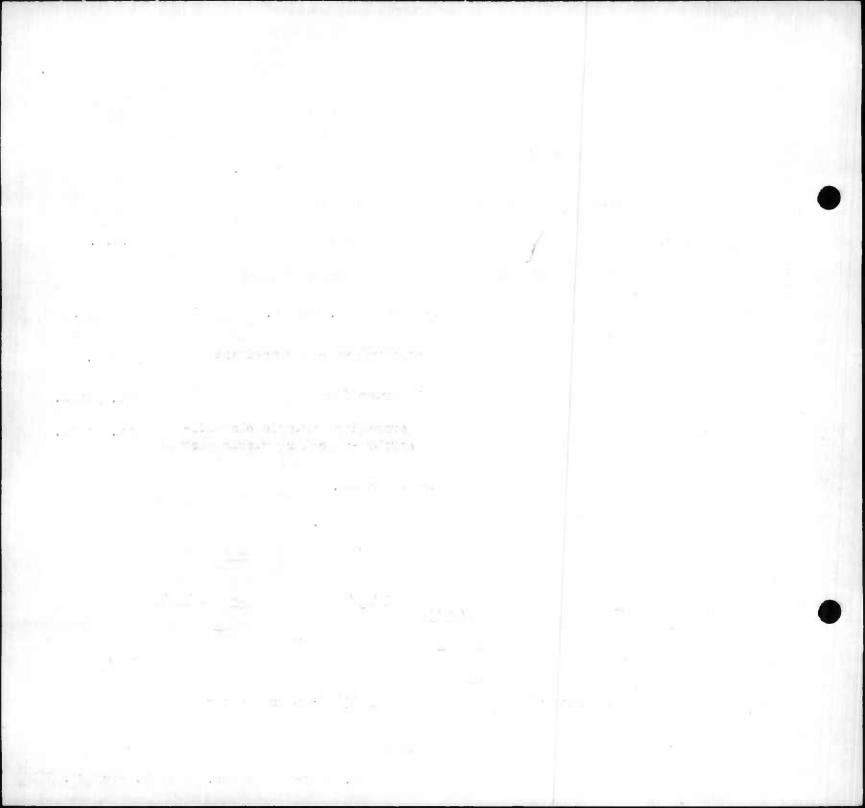
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

			1-)-	BALTIMORE CITY	HEALTH DEPARTME	INT G	6 (14125
	TH NO.	66 04	120	CERTIFICA	TE OF DEA	TH Registered No	·
1.1	E CASE NO.	SED				ATE AND HOUR OF DEATH	1
(Ту	pe or Print)	Lottie V	irginia	Wilson	4	/22/66	4 A. M
3.	PLACE OF DEAT	H IN BALTIMORE, MA			4. USUAL RESIDENC		institution: residence before admission)
	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital address or location		give street	Maryland	(If outside city limits, write	RURAL ond give fawnship)
		2602 5 1			Baltimore D. STREET ADDRESS	(If rural, give location)	
1	00	2623 Barclay	Street				
		RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	11 Under 1 Yr., 11 Under 24 Hrs.
	Female	White	Widow	o, DIVORCED (specify)	July 4, 18	76 89	Months Days Haurs Min.
107	LUSUAL OCCUP			BUSINESS OR INDUSTRY	11. BIRTHPLACE (State		12. CITIZEN OF WHAT COUNTRY?
	Housewif	fe			Baltimore	. Maryland	U.S.A.
13.	FATHER'S NAME		-		Baltimore 14. MOTHERS MAID	EN NAME	
	7	Thomas Me:	rchant		Rachel (Connlev	
	Was Deceased E	ver in U. S. Armed Far- It yes, give war ar date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	<u> </u>	ADDRESS
	No	ii yes, give wer er eele	30111001	212-10-3042D	Mara Destala	T Downer 2623	Barclay St. #18
-	1B. = 2	VI		CAUSE OF	F DEATH	L. Bowers 202.	INTERVAL BETWEEN
	001	OR CONDITION DIR	RECTLY				ONSET AND DEATH
		EADING TO DEATH		(A) cerebi	ral vascular	3 days.	
		t mean the mode of sthenio, etc. II means		DUE TO		**************************************	
		lication which coused		1	rang dan		
	At	NTECEDENT CAUSES		(B) hyper	reus tou		sev. years.
		CONDITIONS, if			enlised exte	riosclerodis-	
		obove couse (A) CONDITION lost,	sloling lhe			arteriosclero	sev. years.
		II.		Cerei	of o- vabeutar	a1 0e1 105 c 1610	0.10
ATION	OTHER SIGNIFIC	CANT CONDITIONS CATH BUT NOT RELA	HT OT DETA	Chronic Neph	ritis.		
CA	19A. DATE OF C		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Ye	s at Na) 20B. IF YES, WER	FINDINGS CONSIDERED
ERTIFIC,	0	WAS PERI			RECO		AUSES OF DEATH?
CAL CE	OR CONTRIBUTE	WAS UNDERLYING DING CAUSE OF	21 B. ham etc.	PLACE OF INJURY (e.g., ir e, larm, lactary, street, af	or about 21 C. WHERE fice bldg., INJURY OCC	DID (It in Boltime	are City, give exact location)
100	21 D. TIME (Month) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	2) F. HOW D	DID INJURY OCCUR?	
×	OF INJURY			ile At Not While	e 🗀		
			Wa		/25/	60 11/22	166
				he deceased from T	(-21	1962 104/22	719
	that (1) (we) I	ost saw the decease	d alive on	4/21/00	19	ond that in (my) (our) o	pinian deoth occurred on the dat
	and hour and	from the couses stat	ted obove. (I) (We) (did) (did not) v	iew the bady ofter o	deoth.	
	23A. SIGNATURI	F Navort	of Cold	M.D. Atte	ending A Med.	Stoff Phys.	4/22/66
	23C. PHYSICIAN NAME (Typ	E. Ellswor	rth Cook		23D. ADDRESS	and Avenue	
20	A. BURIAL CREM	ATION, 248. DATE	24C N	AME of CEMETERY OF CRE			City, town, or county) (State)
2 16	REMOVAL (Sp	ecity)					
0.5	Burial	4/25/66		don Park Ceme		Baltimore, Ma	
1125	A. DATE REC'D B	Y HEALTH DEPT.	IZSB. NAMELE	F REGISTRAR	25C. FUNERAL DI	RECTOR	ADDRESS

AFI 22 1966 PL E ST

VS 150-REV. 1/1/65

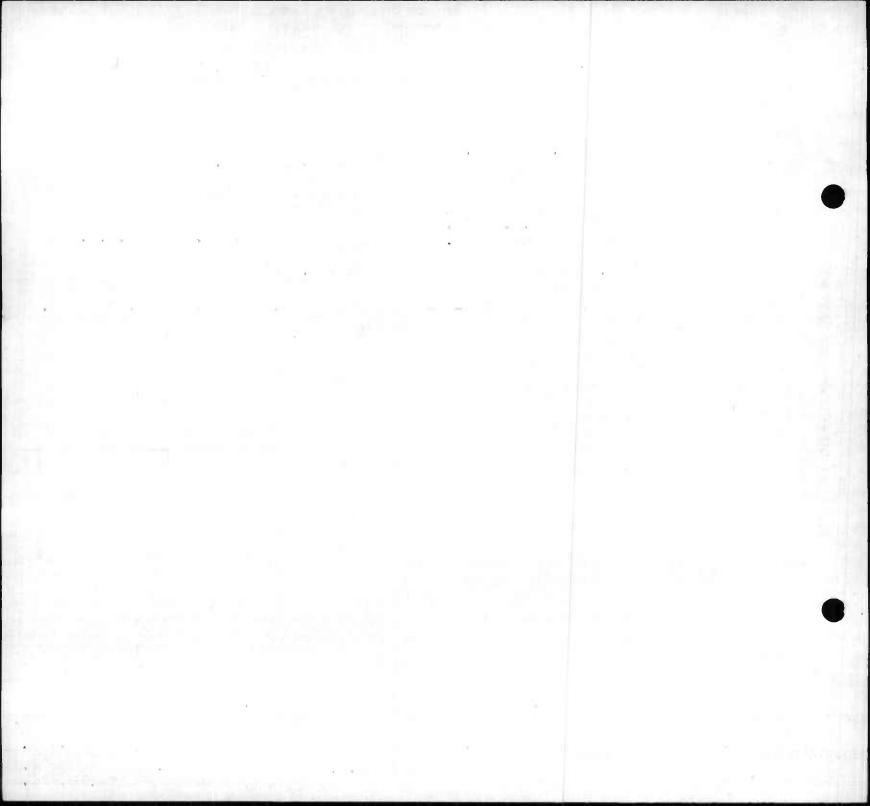
Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the written approval must be obtained before the contract of the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	1100	ALOD BA	LTIMORE CITY	HEALTH DEPART	TMENT			
BIRTH NO.	66 0	4 LCO CI	ERTIFICA	TE OF DE	ATH	Registered No	16 14	126 -
M.E. CASE NO.	CEASED			2	. DATE AN	D HOUR OF DEATH	janen.	
(Type or Print)	Eva Harma				April	20, 1966	5	45
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDE A. STATE	B. CDUNI	e deceased lived. If in	stitution: residence	before odmission
FULL NAME HOSPITAL DI	OF (If not in haspital R address or location	ar institution, give street n)		Maryla	ind	side city limits, write R	URAL and give to	S ownship)
0.0	619 E.	34th St.		Baltim D. STREET ADDR		urol, give lacotion)		
5. SEX	1/ 0405	7. MARRIED, NEVER A	4 4 9 9 1 5 7	619 E.			T 1/ 11	
F	6. RACE	Widowed, DIVORG	CED (specify)	9/17/189	1	ost birthdoy)	If Under 1 Yr. Months Days	Il Under 24 Hrs Haurs Min.
	CUPATION (Give kind of world of working life, even if retired)	U.S. GOV t.		II. BIRTHPLACE (S	itate or fareig	gn cauntry)	12. CITIZEN OF WHAT COL	
Clerk		Navy Dept		На се	rstow	m. Md.	U.S.A	Α .
13. FATHERS N	AME	Mark nebre		Hage	AIDEN NAN	AE .	0 10 11	* •
Freder	ick D. Harma	n		Emma C.	Vale	ntine		
15. Was Deceas	ed Ever in U. S. Armed For	ces? 1 6. SOCI	AL JRITY NO.	7. INFORMANT			ADDRE	ESS
No	will yes, give wor or dole			Maurice	S. H	arman, 61	5 E. 341	th St.
18.44 0	2 / 1		CAUSE OF					AL BETWEEN
1 / %	ASE OR CONDITION DI	RECTLY				, .	ONSET	AND DEATH
	LEADING TO DEATH		(A) (1)	una,	Opy.	lusion		
	not meon the mode at		DUE TO			Car V 00 miles 00 00 mm		
	e, osthenio, etc. It meons omplication which coused			U				
	ANTECEDENT CAUSES		(8)				Der Galler der Glick für der der der der der der Glick der der der Glick der	
DISEASES	OR CONDITIONS, if	ony oivino	DUE TD					
rise to	the obove couse (A)		(C)	*******************************				
UNDERLYII	NG CONDITION lost.							
E TO THE	NIFICANT CONDITIONS C DEATH BUT NOT RELA	ATED TO THE						
	R CONDITION CAUSING I	IDITION FOR WHICH O	PERATION	20A. AUTOPSY?	Yes or No	20B. IF YES, WERE F	INDINGS CONSI	DERED
TE O	WAS PER	FORMED				IN CERTIFYING CAL		
▼ DEATH (nat	BUTING CAUSE OF	218 PLACE C home, (arm, etc.)		or obout 21 C. WH		(II in Baltimore	City, give exoct	locotion)
0 21 D. TIME	(Manth) (Day) (Year)	(Haur) 21E, INJURY	OCCURRED	21F. HO	ULNI DID W	JRY OCCUR?		
S OF INJURY		While At	Not While					
		Wark L	AI Wark			(-6)	1/200	
	fy that (I) (th is hospita	111	sed from	741		960 10 4	f	19.6.6
that (I) (w	e) last saw the decease	ed alive an 7/	7	19/26	and tho	ot in (my) (our) apir	nian death accu	urred an the da
and haur a	ind from the causes sta	ted abave. (1) (**e) (d	lid) (d idatet) vl	ew the bady oft	er deoth.			
23A. SIGNA	TURE	717.					238 DATE SIGN	ED
10	Regli IT.	Ashella	M.D. After Phys			Staff Phys.	4/2-21	166
23C PHYSIC	IANS	pro pecco.		3D. ADDRESS			1//	
NAME	Joseph I	R. Liberto	M.D.	3508 Ba	ank St			
24A. BURIAL C	REMATION, 248. DATE		EMETERY of CRE				ly, tawn, or county	y) (State)
REMOVAL	(Specily)	- 1						
Burial	14/23/	1966 Mt. I		DEC FILLIPPAT		y Ridge,F	redericl	KCO.,Md.
ZSA. DATE KEC	D BY HEALTH DEPT.	258. NAME OF REGIST	2. 41.10	Haw Jen	ikins	& Sons Co	. 4905	York Rd.
A	PR 22 1966 (P.	V. TE. 580	GENT MA	1				.12. Md.
VS 150-REV. 1/	1/65				6.7			

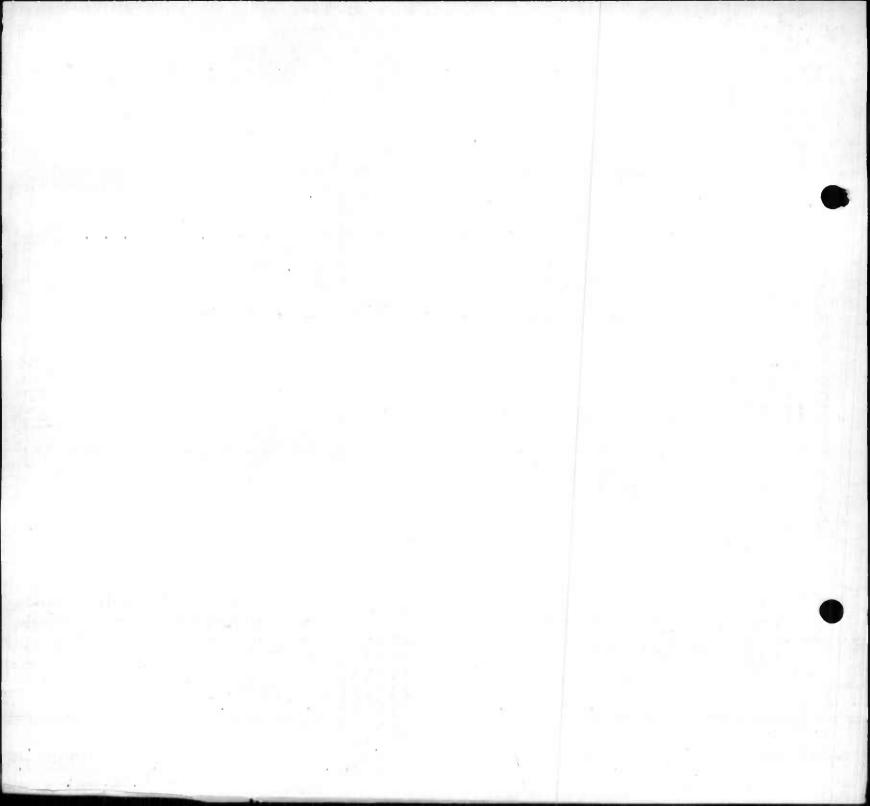
Balto.12, Md.



	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT		N-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature: (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause: (5) Deceased	by the chief med spital by a medic ure: (2) Body burn	ical examiner of tall examiner. A second of tall examiner.	This assistant if dealso, if the direct o	ath occurred in a hospital and r contributing cause of death determined cause; (5) Deceased	46
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.	where the physican w) No physician w ad before the rem	cian who pronas in regular a	ounced death was ittendance on the c ned or final disposit	in regular attendance on the leceased prior to death. Such ion is made.	01

		BALT	IMORE CITY	HEALTH DEPARTMENT			
	тн но. 66 114	CER	TIFICA	TE OF DEATH	Registered No	66 04127	
1.1	E CASE NO.			2. DATE A	ND HOUR OF DEATH	н	
Пу	pe or Print) Mabel	Elizabeth Wi	illiar	Apri	il 20, 196	56	17. M
3.	PLACE OF DEATH IN BALTIMORE, MA	ARYLAND		4. USUAL RESIDENCE (Wh	ere deceased lived. If NTY	institution: residence before	odmission)
	FULL NAME OF (If not in hospital HOSPITAL OR oddress or location in the specific oddress)	or institution, give street on)		Maryland	utside city limits, write	RURAL ond give township)	
	Ambassad	or Apts.		D. STREET ADDRESS (II	rurol, give location)		
1	20			3811 Canter	bury Road		
5.	SEX 6. RACE	7. MARRIED, NEVER MAI		B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under Months! Doys Hours!	er 24 Hrs.
	F W	Widowed	y (specify)	10/28/1890	75	1	7 11114
	A. USUAL OCCUPATION (Give kind of wor	108 KIND OF BUSINESS C	R INDUSTRY	11. BIRTHPLACE (State or los	eign country)	12. CITIZEN OF WHAT COUNTRY?	
	Housewife Housewife	Own Home		Stablersvill		U.S.A.	
13.	FATHER'S NAME			14. MOTHERS MAIDEN NA			
	John Francis Nel			Martha L. Ne	elson		
15. (Ye	Was Deceased Ever in U. S. Armed Fors, no or unknown) (If yes, give wor or dot	les of service) 1 6. SOCIAL SECURIT		17. INFORMANT		ADDRESS	
	No	553-41	1-5759	Stanley W. I	DeMoss, 82	23 Winans War	Y
	1B. 4/n 2 / 1		CAUSE O			INTERVAL BETWO	VEEN
	DISEASE OR CONDITION DI		0		6 111		
	LEADING TO DEATH		(A) (] t	Teriochrotic	OVD	290	
	(This does not meen the mode of heart failure, asthenia, etc. If means injury or complication which coused	s the diseose,	DUE 160				
	ANTECEDENT CAUSES						
	DISEASES OR CONDITIONS, if		DUE TO				
	rise to the obove couse (A)		(C)				
	UNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL. DISEASE OR CONDITION CAUSING	ATED TO THE	The	uplysem	n	3 900	
U	19A, DATE OF OPERATION 198, CON	NDITION FOR WHICH OPER	ATION	20 A. AUTOPSY? (Yes or N		FINDINGS CONSIDERED	
ERTIF	WAS PER	KPOKMED			IN CERTIFING C.	AUSES OF DEATH?	
CAL CE	OR CONTRIBUTING CAUSE OF	ore City, give exoct location)					
		(Hour) 21E INJURY OC	CURRED	21 F. HOW DID IN	JURY OCCUR?		
×	OF INTITION						
	22. I certify that (I) (this hospita	() attended the decease	d fram	Oct. 29	10 6.5 00	april 30 11	01.6
	that (I) (we) last sow the decease	ed olive an Af	ril 1	9 19 C. C. ond 1	hat in (my) (our) of	pinion death occurred on	the dote
	and hour and fram the couses sta	sted above. (I) (We) (did)	(dld not) v	iew the body ofter death.			
	23A. SIGNATURE	1				23B. DATE SIGNED	
	Lunalities E.	Leslis	M.D. Atte	mding Med.	Stoll Phys.	4-21-6	6
	23C. PHYSICIAN'S	7		23D. ADDRESS	<u> </u>		40
	(NAME (Type) Frankl	in E. Leslie	M.D.	302 E. 33rd	St.		
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEM				City, town, or county)	(Stote)
B		.966 Wester	m Cem	Re	altimore		Md.
-				W	The Committee Co		4 7 7 7

H.W.Jenkins & Sons Co. 4905 York Rd.
Balto.12, Md. VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT 66 04128 Registered Nd BIRTH NO. CERTIFICATE OF DEATH Deceased pital and of death Such M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) April 20, 1966 //245 A. M. USUAL RESIDENCE (Where doceosed lived. (I institution: rosidenco boforo odmission) Heubeck Knipp Anna hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND attendance (5) Maryland cause FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL etermined cause; 0 Baltimore Tudor Arms Apts. prior D. STREET ADDRESS (If rural, give location) contributing occurred University Pkwy. is made. regular S. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yı. deceased lost birthdoyl Hours WIDOWED, DIVORCED (specify) F W 1870 Widowed 12. CITIZEN OF IDA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) disposition WHAT COUNTRY? death done during most of working life, even if retired) Housewife Baltimore, Md. (4) Und U.S.A Own Home Was 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George F. Heubeck Miller C. IMPORTANT assistant UO death 15. Was Deceased Ever in U. S. Armod Forces 17. INFORMANT ADDRESS 6. SOCIAL or final (Yas, no or unknown) (If yes, give war ar dates of service) SECURITY NO. attendance 216-46-2627 George W. Knipp, 6407 Pinehurst No any ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the made of dying, e.g., embal heart failure, asthenia, etc. It means the disease, ar DIRECTOR: examiner. injury ar complication which caused death.) regul ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if any, giving 3 rise to the above cause (A) stoting the physician before the remains UNDERLYING CONDITION last. chief medical Was FUNERAL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. (2) Body 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20 B. IF YES. WERE FINDINGS CONSIDERED ERTIFIC 19A. DATE OF OPERATION the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21B. PLACE OF INJURY (o.g., in at about 21C. WHERE DID home, form, factory, street, office btdg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Baltimore City, give exact location) where U to the hospital °N DEATH (notify medical examined etc. nature; MEDI obtained (Month) (Doy) (Yeoi) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (9) OF INJURY Not While (except While At (APPROX.) At Work and Work any 22. I certify that (I) (this hospital) attended the deceased from Decay 19.66 that (1) () last saw the deceased alive an pe of death) hospital must and hour and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. was released accident 23A. SIGNATURE 23B. DATE SIGNED 4-21-66 Attending # Med. Stoff 0 Phys. Director Phys. pproval 0 prior

at An

was D.O.A.

shows:

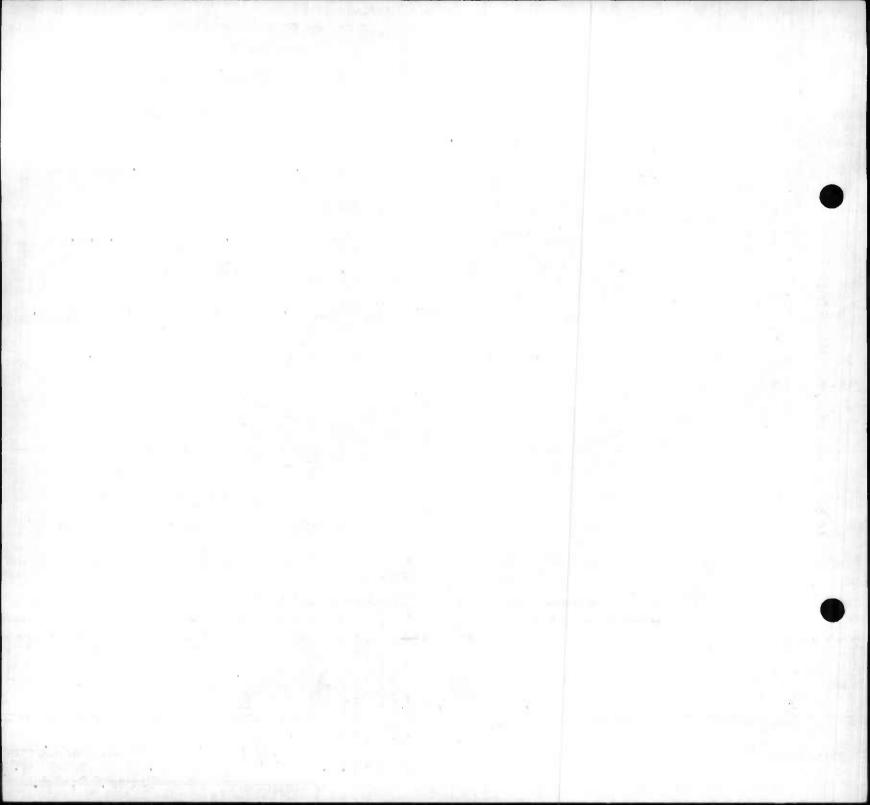
the body

eceased

0

ritten

If Under 24 His. and that in (my) (opinian death accurred on the date 23C. PHY CIAN'S NAME (Type) 23D. ADDRESS John A. Nesbitt, Jr M.D. 1009 Frederick Road 24C. NAME of CEMETERY of CREMATORY 24A. BURIAL CREMATION, 248. DATE 24D, LOCATION (City, town, or county) REMOVAL (Specify) /22/ 1966 Burial Loudon Park Baltimore Md. 258. NAME OF REGISTRAR 2SC. FUNERAL DIRECTOR 4905 York H.W. Jenkins & Sons Co. Balto 12. Md. VS 150-REV, 1/1/65

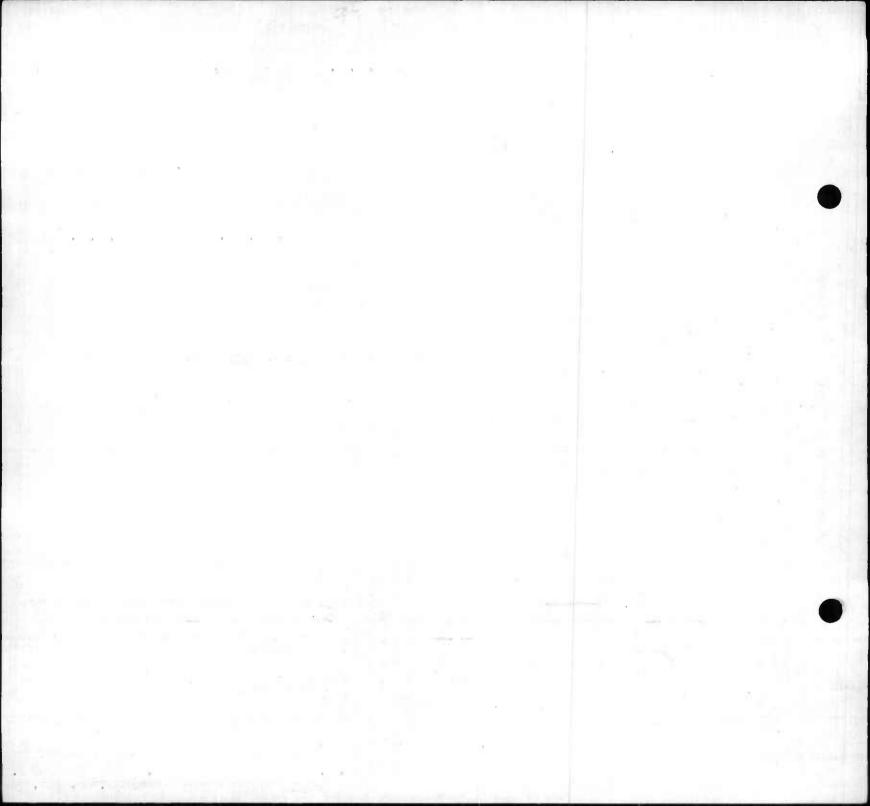


	TH NO. 66 ()4129		E OF DEATH	Registered No	14129
	DE CONTRACTOR DECEASED NOLLE BR	ATTEN	2. OATE AN	HOUR OF CEATH	1120
3. 1	PLACE OF DEATH IN SALTIMORE, MARYLAND	4	L USUAL RESIDENCE (When	e docoased lived. If instit	tution: rosidence bolare admis
	FULL NAME OF (If not in haspital ar institution, give	streot	MARYLAND	2/-	48
	INSTITUTION		Baltimore	side city limits, write RUI	CAL ONG GIVO TOWNSHIP
1	North Charles General H	03/1	STREET AODRESS (IF	urol, givo locotian)	00 419
5. 5		ER MARRIED 8.	OATE OF BIRTH	AGE (In years	If Under 1 Yr. , If Under 24
IOA	Comple White WIDON	VORCEO (specify) WED INESS OR INDUSTRY	Mar. 16, 1905	lelyrs	Aonth's Day's Hours N
don	Buyer Lycet	L Corp.	Maryla	nd	WHAT COUNTRY?
13.	FATHERS NAME	1	MOTHERS MAIDEN NAM	1	
15.	Was Deceased Ever in U. S. Armed Varces? 16.	SOCIAL 117	7. INFORMANT	pabelle	ADDRESS
(Ye		SECURITY NO.		TES. 705	AMERICANO
	18. 24. / X I	CAUSE OF	DEATH A	11	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	6	mondie	s throng &	ONSET AND OFFI
	(This does not meon the made of dying, e.g., hearl failure, asthenia, etc. It means the disease,	DUE TO	- 1	2000-0001	
	injury ar complication which caused death.)	Den	tricular 1	in her.	146
	DISEASES OR CONDITIONS, if any, giving	OUE TO	1- 1	-104	
	uise Ia lhe abave couse (A) stating the UNDERLYING CONDITION last.	(C) 2014	Three selec	ed Morafe	1
	II	with	aliens a	croply 1	
TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE				
ERTIFICA	19A. DATE OF OPERATION 198. CONDITION FOR WHICE WAS PERFORMED	H OPERATION	20A. AUTOPSY? (Yos or No.	208, IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
CAL CE	21 A. ACCIDENT WAS UNDERLYING 21 B. PLA homo, lo etc.)	CE OF tNJURY (e.g., in a trm, factory, street, office	or about 21C. WHERE DID	(If in Baltimore C	ity give exoct location)
AEDI	OF INJURY	URY OCCURRED Not While	21F. HOW OID INJ	JRY OCCUR?	1
-	(APPROX.) While A	At Work			
	22. I certify that (I) (this bespital) attended the dithat (I) (we) last saw the deceased alive an	eceased from 9	1 /	966 10	Topil 19 196
	and hour and from the causes stated above. (1) (**	e) (did) (did nut) vie		or in (my) (oo r) apinio	on death accurred on th
	23A. SIGNATURE				38, DATE SIGNED
	Jecome Haber	M.O. Attend		Stoff Phys.	4-19-66
	23C. PHYSICIANS	ER M.D. 23	5706 BEL	LONA AU	BALTUIZA
24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME REMOVAL (Specily)	of CEMETERY OF CREM	ATORY 24D. LO	CATION (City,	town, or county) (S
_	Burial 4/23/1966 East	New Marke	t Eas	t New Marke	et, Md
-	DD 99 1056 A 0 8- 9 - 12 Doubt	4	125C. FUNERAL DIRECTOR H. W. Jenkir	ns & Sons C	10 + 4905 Yor
	1 1 1 2 2 2 7 7 1 1 1 1 1 7 1 2 7 1 1 1 1				



	127	1	1
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of any nature; (2) Body burns; (3) A tracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	and (6) No physician was in regular attendance on the deceased prior to death. Suchobtained before the remains are embalmed or final disposition is made.
	in a hos	ause; (3) ittendan	or to de
	occurred	regular o	is made.
	if death	was in	the dece sposition
ORTAN	assistant if the dir	ny kina; ed death	dance on or final di
: IMP	er or his	ronounc	almed a
FUNERAL DIRECTOR: IMPORTANT	examine	(3) A frac	deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.
ERAL D	ef medical medical	ay burns; physicio	cian was he remair
FUN	by the chi	vhere the	No physi
	proved the	(except	obtained
	leased to	hospital	o death)
	tificate n	O.A. at a	deceased prior to death); written approval must be a
	This cer	shows:	deceas

	00 14100	BALTIMORE CIT	Y HEALTH DEPARTMENT	(1)	
BIR	TH NO. 66 (1413()	CERTIFIC	ATE OF DEATH	Registered No.6	04130
	E CASE NO.	OEK THI TO		HOUR OF DEATH	
	Sister Mary E	Rerard Konn		21, 1966	10:00 P.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	berard Ropp,		decoosed lived. If inst	titution: residence before admission)
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddross or location)	ion, give stroet	Maryland	ide city limits, write RI	RAL and give township)
	INSTITUTION		Baltimore		
0	St. Elizabeth	s Home	D. STREET ADDRESS (If no 3725 Ellers)	lie Ave.	
5.	WIDO	RIED, NEVER MARRIED DWED, DIVORCED (specify) or Married	B. DATE OF BIRTH 9	. AGE (In veors	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	. USUAL OCCUPATION (Give kind of work 10B, KIN			n country)	12. CITIZEN OF WHAT COUNTRY?
dor	Nun Re	ligious	Lead City, S.	Dakota	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
J	ohn Kopp		Elizabeth Ob	erle	
15.	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(If yes, give wor or dotos of serv	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	SECORITI NO.	Mother Mary A	lexander	(Same)
	18.42 2 11	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	m /	1 1 0	/	
1	LEADING TO DEATH	(A)TH	crioscherotie Co	polio-lascel	4 2 4 Ed 15
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE	ease		1
	injury ar camplication which caused death.)				
	ANTECEDENT CAUSES	DUE TO	. S in is trivial definition on S = 1000 m m m = 0000 0 m m = 0000 0 m = 1000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	240000000000000000000000000000000000000	PORTS 0 MAY 4-5-4-0 STAN 1 TO 10 STAN 1 TO 10 STAN 1 TO 10 STAN 1 TO 10
	DISEASES OR CONDITIONS, if any, gi				
	rise to the obove couse (A) stoting UNDERLYING CONDITION last.				
	П				
NO O	OTHER SIGNIFICANT CONDITIONS CONTRIBU				
ATION	TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	IHE			
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)		office bldg., INJURY OCCUR?	(If in Boltimore	City, give exect location)
DIO	21 D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F, HOW DID INJU	RY OCCUR?	V
A.	OF INJURY (APPROX.)	While At Not W	hile		
		Work At Wo	23	- MO 27	
	22. I certify that (I) (shis hospital) attend	.0			P.C. 19.66.
	that (I) (wa) lost saw the deceased alive	on March	LL 1946 ond tho	tin(my) (aua) opin	Ion death occurred on the date
	and hour and from the causes stated above	e. (1) (Me) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE	0			23B. DATE SIGNED
	com. of fam	very , M.D. A		Stoff Phys.	22 aprel 66
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		V
	William H	I. Kammer//m.	6011 York R	oad	
24	A. BURIAL CREMATION, 24B. DATE 24	C. NAME OF CEMETERY OF C		CATION (City	y, town, or county) (Stote)
	Burial 1/25/1966	St Fliggshath	In Comment De T	dad an a se	3.6
25	11/ -2/ - / - /	St.Elizabeth	S Convent Bal	timore,	Maryland
1	APP 22 1055 A A & G	Siz CoupA		& Sons Co	. 4905 York Rd.
_	WELL WY 1900 OFFER SE	" CONTRACT AND	214.140 011212110	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	Balto 12, Md.
A.2	150-REV. 1/1/65				,



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		AL IVAL	BALTIA	MORE CITY	HEALTH DEP	ARTMENT			
BIRTH	NO. 66	6 041	31 CER	TIFICA	TE OF D	DEATH	Registered No.	6.4	1131
1. NAA	ME OF DECEASED						ND HOUR OF DEATH	1	
(Type	or Print)	s. Vio	la Bell			Am	ril 21, 196	6	8:35a
3. PLA	ACE OF DEATH IN BALTIMORE,		2011		4. USUAL RE	SIDENCE (WI	ere deceased lived. If	nstitution: re	sidence before odmission
FUL	LL NAME OF (II not in hosp	pitol or institut	ion, give streel		A. STATE	B. cou Maryla		5-	12
	SPITAL OR oddress or loc		ni + n]		C. CITY OR TOWN (If outside city limits, write RURAL and give township)				
	Provide					Baltim	ore		
	1514 Di				D. STREET AD	DRESS (f rurol, give location)		
34	Baltimo	re, Ma	ryland 21	217		2002 P	resstman St	reet	
5. SEX	6. RACE Negro	WIDO	NEVER MARE WED, DIVORCED idowed	(specify)	Jan. 5.		9. AGE (In years lost birthdoy)	If Under Months	Doys Hours Min.
	SUAL OCCUPATION (Give kind of		OF BUSINESS OF	RINDUSTRY	Jan. 5,	E (Store or lo	reign country)	12. CITI:	ZEN OF
done d	uring most of working life, even if reti								AT COUNTRY?
	Domestic	Pv	to Pamil	У		arylan			U.S.A.
13. FA	THER'S NAME				14. MOTHER'S	MAIDEN NA	AME		
	Oscar Bowsen	P .				Plore	nce Hall		
15. Wo (Yes, no	o or unknown) (11 yes, give wor or	d Forces?		NO.	17. INFORMAN	łT	Phone		ADDRESS
			214730e	2529	Robert	Bell-s	on 728-017	2	same
18	120X			CAUSE OF	DEATH				INTERVAL BETWEEN
	DISEASE OR CONDITION	DIRECTLY							ONSET AND DEATH
	LEADING TO DEA	ATH		Carc	inoma o	f brea	st with wid	e	
	This does not meen the mode		e.g., D	DUE TO					v. 2000-00-000000000000000000000000000000
	eorl foilure, osthenia, etc. II me		ose,	spre	ad meta	stasis			
in in	njury or camplication which cau								
	ANTECEDENT CAL	12E2	D	B) TO					**********************
	DISEASES OR CONDITIONS,								
	se to the obove couse		lhe (C)					
0	INDERLYING CONDITION last	•							
ET	THER SIGNIFICANT CONDITION OF THE DEATH BUT NOT	RELATED TO							
V 19	A. DATE OF OPERATION 198.		OR WHICH OPERA	TION	120 A AUTO	Deve (Yes or h	Noll 208 IE VEC WERE	EINDINGS	CONSIDERED
E /		PERFORMED					10 208. IF YES, WERE	USES OF	DEATH?
W 21	A ACCIDENT WAS UNDERLYIN	Carc	inoma of	breast		.0	07.1 8.4	011	
AL	A. ACCIDENT WAS UNDERLYIN R CONTRIBUTING CAUSE OF EATH (notily medical examine)	46	21& PLACE OF IN home, lorm, foctor etc.)	ry, street, off	ice bldg., INJU	RY OCCUR?	tit in Paltimo	ie City, giv	e exact location)
0 21	D. TIME (Month) (Doy) (Y	(eor) (Hour)	21E. INJURY OCC	URRED	21 F.	HOW DID IN	JURY OCCUR?		
2	F INJURY		While At	Not While					
(A	APPROX.)		Work \square	At Work					
22	2. I certify that (1) (this hosp	pital) attend	ed the deceased	fram	April	19,	19 66 ta	April	21, 1966
	nat (I) (we) lost sow the deci						that in(my) (aug) on	inlan deal	th accurred on the da
		1						illiali deal	in occorrec dil the co
	nd haur and fram the causes	syarled abov	e. (i) (We) (did)	(dld nat) vi	ew the body	after death	•		
23	A. SIGNATURE	Inn	171					23 B. DAT	TE SIGNED
	VA	1000	10 -	M.D. Atter	iding _	Med. Director	Staff Phys. 30	Apri	1 21, 1966
23	C. PHYSICIAN'S				3D. ADDRESS				,,
	C. PHYSICIAN'S NAME (Type)						G		3.07.16
	G. Moonda							timor	e 17, Maryla:
24A. E	BURIAL CREMATION, 248. DAT	E 24	C. NAME of CEME	TERY or CRE	MATORY	24D.	LOCATION (C	City, town, o	or county) (State)
The		-100	Morret A.	harren	O 1	Ba	altimore,		
	DATE REC'D BY HEALTH DEPT.	5/66	Mount Au	Lourn	Cemete	RAL DIRECTO	Tmore,	Maryl	and
A. A	00 00	,	had -						ADDRESS
A	IPR 22 1966 (P.D.	. St 2 V	52 Cheu HA		Herb	ert E.	Nutter-3	035 W	North A
VS 150	0-REV. 1/1/65		0					J 11	

COPPE manufactor of Ica Shitimore, Maryland city

bewells organ since! Tel Le . Hate

-1-

found to ameniote-

ra a h

the state of the s

Fig. 1 Sept. 1

medical burns;

by

to the hospital

the body was released

certificate

This

p^

approved

Body

(7) where

nature;

of

accident must

the 0

physician was

°Z

9

and any

death) hospital

0

prior

0

to An

D.O.A.

SD

3

shows: (1) eceased approval

written

(except

be obtained

on the Deceased of death hospital eat ance (4) Undetermined cause; (5) contributing cause 0 attend 0 prior occurred made regular deceased disposition Ë Was the the direct death On kind; or final attendance any pronounced embalmed of fracture the chief medical examiner regular who are 4 3 physician before the remains

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 14120 66 04132 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 4-19-66 Wisher deceased lived. If institution: residence before admission (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township 36 FRADKLIN SQUARE SIRICKER 5. SEX 6. RACE MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys WIDOWED, DIVORCED (specify) Megro Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign count 12. CITIZEN OF done during most of working life, even if retired) Marine Supply Stock Clerk South Carolina 13. FATHER'S NAME ? Sophold Grant 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 2-03-3696 Annie Jackson 210 Mason Yes World War CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl lailure, osthenio, etc. It meons the diseose, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove cause (A) stoling the UNDERLYING CONDITION IOSI. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notily medical examiner) etc.) MEDIC

20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH

Ave.

(Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work

22. I certify that (1) (this hospital) ottended the deceased from ARRIL 3 that (1) (we) last saw the deceased alive on ARREL 1966 and that in(my) (aur) apinian death occurred on the date

and have and from the causes stoted obave, (1) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE field h. hedrono				23B. DATE SIGNED
	M.D. Attending	Med. S	loff	16000
VIII. EREDI NO LIED (AND	Phys.	Director P	hve. "	ARDII-

23C. PHYSICIAN'S NAME (Type) FRANKLIN SOUARO M.D. WILFREDO M.

24A. BURIAL CREMATION, 24B. 24C. NAME OF CEMETERY OF CREMATORY REMOVAL (Specily)

Baltimore Maryland Baltimore National Cem. Burial

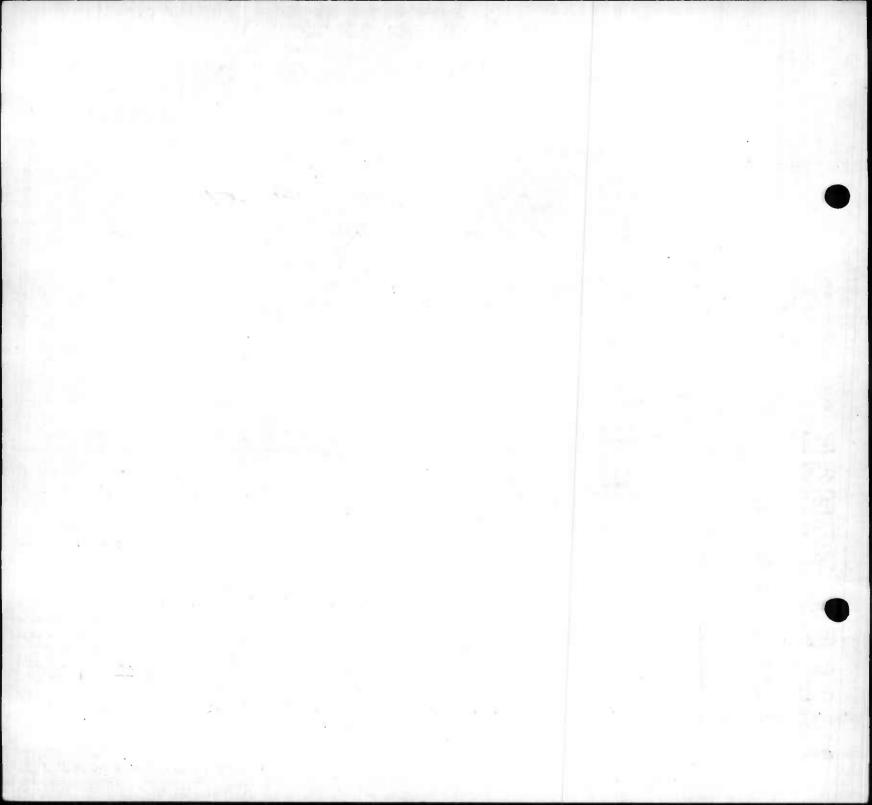
ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR



IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BALTIMORE CITY	HEALTH DEPARTMENT		66 04133
BIRTH NO. 66 (34)	133 CERTIFICA	TE OF DEATH	Registered No	00 (11100)
M.E. CASE NO. 1. NAME OF DECEASED	1	2. DATE AND	HOUR OF DEATH	. 0
(Type of Print) C/EO H.	UMPKIN	APMI	- 21-156	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNTY		tution: residence before admission)
FULL NAME OF (If not in hospitol or instit HOSPITAL OR oddress or location) INSTITUTION	ution, give street	1//	de city limits, write RU	RAL and give 10wnship)
	2 115		ol, give location)	
00 17,6 HARLEM	- 74 0 6	1716 NARL		
WIE	RRIED, NEVER MARRIED DOWED, DIVORCER (specify) 147816		AGE (In years	II Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
toA, USUAL OCCUPATION (Give kind of work 10B, KII done during most of working life, even if retired)		11. BIRTHPLACE (Stole or foreign	Country)	12. CITIZEN OF WHAT COUNTRY?
1) on 5371C	1 1-AMILY	14. MOTHER'S MAIDEN NAME		904
SUNN HORMIS		MININE A	2	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II yes, give war or dales of se	rvice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1.4	260-26-4580	GEONGE LUN	nprin 17	16 HARLEM AU
18. 4. 4.3 X	CAUSE C	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	TT			ONSET AND DEATH
LEADING TO DEATH (This does not mean the made of dying,		ertensive Card Disease	10 Vascula	er 3 months
heart failure, asthenia, etc. It means the dis	sease,	Disease		
ANTECEDENT CAUSES	(B)	18a 646 tuun ka on tuun ka ka ka ka 88a 464 683 683 683 684 644 646 646		***************************************
DISEASES OR CONDITIONS, if any,				
uise to the above cause (A) stating) the (C)	***************************************		
			·	
O OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	BUTING O THE			
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINING CAUS	IDINGS CONSIDERED ES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)
O 21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21 F. HOW DID INJUR	Y OCCUR?	
OF INJURY (APPROX.)	While At Not Whi	le —	,	1
22. 1 certify that (1) (this hospital) atten		3/19/66 19	10 4/21	/66 19
that (I) (we) lost saw the deceased alive	e an 4/21/66	19	in(my) (our) opini	on deoth occurred on the dote
ond haur and from the couses stated abo	ove. (I) (We) (did) (did not)	view the body ofter death.		
23A. SIGNATURE	M.D. Att	ending Med St	off	3B, DATE SIGNED
23C. PHYSICIANS	Phy	23D. ADDRESS	iy s	April 22, 1966
NAME (Type)	M.D.		~ .	
Ralph W. Reckling	M. J.		r Street	to√n, or county) (Stote)
Burne 4/26/66	MYALBUR		to an	1310167
25A. DATE REC'D BY HEALTH DEPTA 25B. No				



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

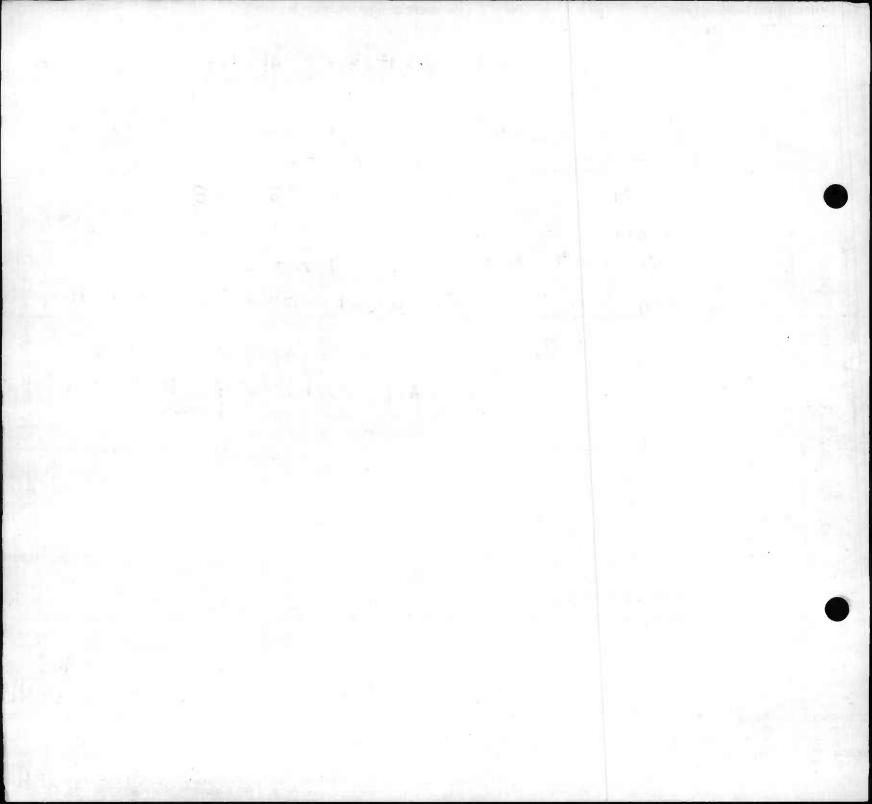
N-300 66 041	30.	TY HEALTH DEPARTMENT		0.04424
M.E. CASE'NO.	CERTIFICA	ATE OF DEATH	Registered No.	9 1141794
T. NAME OF DECEASED JACQUES INE CR		λ	HOUR OF DEATH	1/00 1
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	VELINE INC		decease lived. If instit	Oution: residence before admission)
FULL NAME OF (II not in hospital or institu HOSPITAL OR oddress or location)	ition, give streel	Maryland C. CITY OR TOWN (If outsi	Baltimore ide city limits, write RUR	RAL and give township)
Baltimore City		A STATE OF THE STA	delk	F3-00
4940 Eastern A			rol, give location)	22
Baltimore, Man		1903 Marsdale F		
	OWED, DIVORCED (specify) NARRIED	8. DATE OF BIRTH NOV. 16- 1923	AGE (In years N	II Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B. KIN done during most of working life, even if retired)			1 country)	12. CITIZEN OF WHAT COUNTRY?
Payroll Clerk, Lebo	w Clothing Co.	New York		0 0 7 .
			E	
Lewis Crime ge	1 6. SOCIAL	Marie Crum		ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of ser	vice) SECURITY NO.			
Yes, Navy, WWII	0,0 20 00,2	RECORDS:BCH 4940) Eastern Ave	enue 21224
DISEASE OR CONDITION DIRECTLY	CAUSE	OF DEATH	/	ONSET AND DEATH
LEADING TO DEATH	(A)	Musered . J.	bucker	2 chis
(This does not mean the made of dying, heart failule, asthenia, etc. It means the dis		Myocard In Cardiae	7	
injury or complication which caused death.)	,	(and is.	Buch	- 4xmi
ANTECEDENT CAUSES	DUE TO			
DISEASES OR CONDITIONS, if any, g				
UNDERLYING CONDITION last.	(9)			
OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	UTING O THE		451	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)		DINGS CONSIDERED
194. DATE OF OPERATION 198. CONDITION WAS PERFORMED		No	IN CERTIFYING CAUSE	ES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g. home, lorm, foctory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimoro C	ily, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJUI	RY OCCUR?	
(APPROX)	While At Not W	rk		
22. I certify that (I) (this hespital), attentiat (I) (we) last sow the deceased alive	ded the deceased from	4/22/65 19	10 4	122/66 19
that (I) (we) last sow the deceased alive	on 4/22/	6 6 19 and that	rin(my) (our) o pinic	on death occurred on the date
ond haur and fram the causes stoted obo				
23A. SIGNATURE				3B. DATE SIGNED
Compurdo	M.D. A		hys.	4/22/66
23C. PHYSICIAN'S NAME (Type) MURDO	eh M.E	23D. ADDRESS	. 1 ≠ 4940 Ea:	stern Avenue 21224
24A. BURIAL CREMATION, 248. DATE 2 REMOVAL (Specify)	4C. NAME of CEMETERY of C	CREMATORY 24D. LOC	CATION (City,	town, or county) (State)
Burial April 26-196	6 Baltimore Na	tional, Baltin	nore, Marylar	nd 21228
	MF OF AEGISTRAN	JOHN J. DUDA, I		ADDRESS
VS 150-REV. 1/1/65				

(CO 10.5 я С .

FUNERAL DIRECTOR: IMPORTANT

was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT	
BIRTH NO. CERTIFICATE OF DEATH Registered No.	1)4135
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) George Washington Whittaker 2. DATE AND HOUR OF DEATH H 20 16 6	12:45 A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institu	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give sheet HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RUR	AL ond give township)
University Hospital Sykesville D. STREET ADDRESS (If Turol, give location)	56-00
Balto. Md. Boute 3	
5. SEX No le 6. RACE N ARRIED, NEVER MARRIED (Specify) 8. DATE OF BIRTH (Specify) 3-12-83 (Specify) 8. DATE OF BIRTH (Specify) 10st birthday 9(83)	f Under 1 Yr. If Under 24 Hrs.
TOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Harming Maryland Farmer Farming	2. CITIZEN OF WHAT COUNTRY?
Louis Whitta Ker 14. MOTHERS MAIDEN NAME Martha	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) UNKNOWN NO 16. SOCIAL SECURITY NO. 217.36. 2938 R. E. Stoner UNIX	errity Hospital
18. CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying a g	Pays
heout foilure, osthenio, etc. It means the disease, injury or complication which coused death.)	Veers
DISEASES OR CONDITIONS, if ony, giving	Manual Republica (1990)
rise la lhe obove couse (A) sloling lhe (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 200. AUTOPSY? (Yes of No.) 208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR?	ity, give exect location!
21D. TIME (Month) (Doy) (Yeot) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) While At Work At Work	1
22. I certify that (1) this haspital) attended the deceased from 4 13 19 00 to	20 19 66.
that (1) (we) lost sow the deceased alive an 4 20 19 Cond that in (my) (our) opinio	n death occurred on the date
ond hour and from the couses stoted obove. (1) (We) (did) (did not) view the body ofter death.	DATE FIGURE
Grobert Estone, M. J. M.D. Allending Med. Director Phys.	B. DATE SIGNED LO 166
23C. PHYSICIAN'S NAME (Type) A.D. 23D. ADDRESS M.D. 23D. ADDRESS M.D. 23D. ADDRESS	pital Baldo M.
Robert E Stoner 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY BUTIAL Specify 4-23-66 Johnsville Cemetery Sykesville	town, or county) (Stotel
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR TAIL APR 25 10CC A C L. D. M. D. C. L. D. M. D. L. D. L. D. M. D. L. D. M. D. L. D. M. D. L. D. L. D. M. D. L. D. M. D. L. D. L	ADDRESS MA
VS 150-REV. 1/1/65	syccourse, IVIO.



eath occurred in a hospital and or contributing cause of death (4) Undetermined cause; (5) Deceased regular deceased death = Mas the assistant if death HO kind; attendance any pronounced his fracture of chief medical examiner regular who 4 (3) = physician Was any nature; (2) Body burns; physician the O the where the body was released to the hospital shows: (1) An accident of any nature; (3 °Z approved by 9 (except

0 Such

LO

attendance

death.

10

prior

made.

isposition

T

final

10

balmed

em

OLO

remains

the

before

obtained

pe

must

and

eath) hospital

Ö

0

prior ŧ

deceased

written

0

was D.O.A.

BALTIMORE CITY HEALTH DEPARTMENT 66 04136 CERTIFICATE OF DEATH Registered Na. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print) WAA LOUISE 9:50 A 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city Units, write RURAL and give township) Whileh Wemprude Hespital D. STREET ADDRESS (If rural, give location) 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours lost birthday 5 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even il retired) DECEMBER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of ADDRESS 6. SOCIAL SECURITY NO. RECORDS an INTERVAL BETWEEN CAUSE OF DEATH

ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthonia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work HOLLEUZS 22. I certify that (I) (this hospital) attended the deceased fram. 1966 that (1) (we) last sow the deceased olive an. and that in (my) (aur) opinion death accurred on the date and haur and fram the causes stated above. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Stoff Phy s. Phys. Director L approval 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS WALTER Τ. BOONE

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY

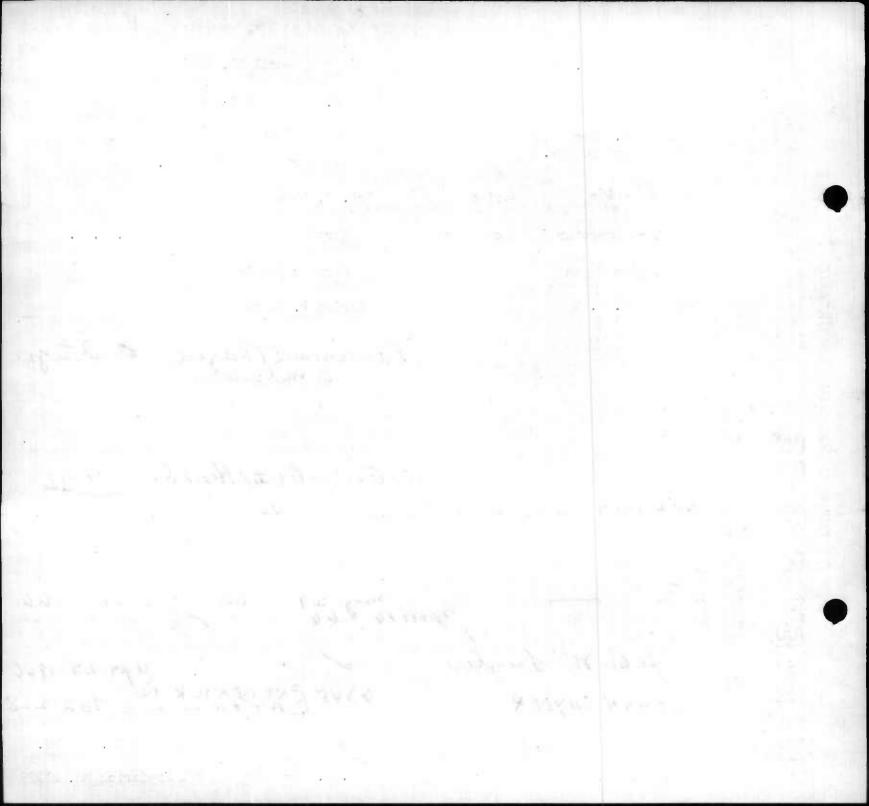
REMOVAL (Specify) 25B. NAME OF REGISTRAN

ADDRES

7 -7-----

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT	C 04402					
BIRTH NO. M.E. CASE NO. GG 04137 CERTIFICA	ATE OF DEATH Registered No.	6 04137					
I, NAME OF DECEASED	2. DATE AND HOUR OF DEATH						
(Type or Print) Harry C. Hagan	April 21, 1966	M.					
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If in	stitution: residence before admission)					
FULL NAME OF (If not in hospital or institution, give street	Md. Baltimore	0.110					
HOSPITAL OR address or lacation)	C. CITY OR TOWN ()f outside city limits, write RURAL and give township) Catonsville D. STREET ADDRESS ()f rural, give location)						
Hood Conv. Home							
5313 Edmondson Ave.							
	lll North Symington Ave						
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.					
Male White Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR'	Oct. 8, 1894 71	12. CITZEN OF					
	Dec. of the second	WHAT COUNTRY?					
Pari Mutuel Operator Race Track	Maryland	U. S. A.					
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME						
done during most of working life, even if retired) Pari Mutuel Operator Race Track 13. FATHERS NAME Washington Hagan	Mary Mc Kenzie						
	17. INFORMANT	ADDRESS					
Yes W. W. 1	Marian B. Hagan						
18. 14. CAUSE C	OF DEATH	INTERVAL BETWEEN					
DISEASE OF CONDITION DIRECTLY		ONSET AND DEATH					
LEADING TO DEATH	Ousinema Trugue	ラ 人之か、					
(This does not mean the mode of dying, e.g., heart foilure, ostherio, etc. It means the disease,	Emitasteri						
I Injury at complication which coused death.)	a micasies						
ANTECEDENT CAUSES (B)	DUE TO						
DISEASES OR CONDITIONS, if any, giving tise to the obove cause (A) stoting the (C)							
uise to the obove cause (A) stating the (C) UNDERLYING CONDITION last.							
							OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Cecirclestic Hear	us 4 yz.					
19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE	FINDINGS CONSIDERED					
NO 6. 1963 WAS PERFORMED CAR GINLOMA TONG!	No IN CERTIFYING CA	USES OF DEATH?					
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or CONTRIBUTING CAUSE OF home, form, foctory, street,		e City, give exoct location)					
To DEATH (notify medical examiner) etc.)	onice bidg., INJORI OCCOR:						
	21F. HOW DID INJURY OCCUR?						
21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED While At Not Whi Wark At Wark	ile						
22. I certify that (I) (this hospital) attended the deceased from	may 29 1962 10 a	m 21 1966.					
that (I) (we) last saw the deceased alive an	4 966 and that In (my) (out) ap	nion death accurred an the date					
	view the body after death.						
23A. SIGNATURE A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.D	/	23 B. DATE SIGNED					
	ys. Med. Staff Phys.	apr 22,1966					
23C. PHYSICIAN'S	23D ADDRESS	R					
NAME (Type) LO HNN, SALYDE R M.D	6348 FREDERICK	LIE MD 2122					
23C. PHYSICIANS NAME (Type) OHNN. SAYDE R M.D 24A. BURDAL CREMITON, 24B. DATE 24C. NAME of CEMETERY OF CI	REMATORY 24D. LOCATION (C	ity, town, or county) (State)					
KENTO VAL (Specify)							
Burial April 25,66 Grace Episcopal		oward Co. Md.					
25A. DATE REC'D BY HEALTH DEPT. 25B. PAME OF REGISTRAR APR 25 1966 (1)	DEC. FLINERAL DIRECTOR	ADDRESS					
WILL BE 1000 GROOM	E. S. Mac Nabb 301	Frederick Rd. 21228					



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased attendance on the occurred in prior was in regular deceased prior to death); and (6) No physician was in regular attendance on the deceased powritten approval must be obtained before the remains are embalmed or final disposition is made or his assistant if death death (except where the physician who pronounced certificate must be approved by the chief medical examiner

was D.O.A. at a hospital

Such

to death.

a hospital and cause of death

		66	(1413)	4		HEALTH DEPARTMENT	Registered Na.	66 041	38	
M.1	TH NO. E. CASE NO. IAME OF DECI pe or Print)	EASED JOH	N SCHI	LLING	RIIFICA		nd hour of death			
	PLACE OF DEA	TH IN BALTIMORE, MA				A. STATE Maryland	re decensed lived If in	stitution: residence	e before od	mission)
	HOSPITAL OR	oddress or location	1)			c. city or town (if our Baltimor		RURAL ond give	lownship)	
-	0	1819 Alicean	na Stre	et		1819 Ali	rurol, give locotion) ceanna Stre	et		
	Male	White	-	ated	D (specify)	April 22, 1897	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under Hours	24 Hrs. Min.
don	Retired	working life, even it retired)			re Dept.		ryland	12. CITIZEN OF WHAT CO		
13.	FATHER'S NAM	Thomas Sch	illing			Margaret Lin				
15. (Ye	Wos Deceosed s, no or unknown Yes	Ever in U. S. Armed For Ill yes, give wor or dote 6-20-16 2-2	s of service)		іт но. 26 - 1193	Mrs. Marie Wa	lters 1819	ADDR 9 Alicean		reet
		EE OR CONDITION DIR			CAUSE O	F DEATH ER10 SCARROTIC E	HEART DISIE	ONSET	AL BETWE	
	(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DÜE TO									
	DISEASES O	OR CONDITIONS, if a obove couse (A) G CONDITION lost.			DÛE TO		******************************			000000000000000000000000000000000000000
ATION	TO THE DI	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO TH	G E						
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 19B. CONSIDERED 19A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							DERED		
CAL CE	J 21A. ACCIDENT WAS UNDERLYING DOT 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off DEATH (notify medical examine)					n or obout 21 C. WHERE DID	(II in Boltimore	e City, give exact	locotion)	
MEDIC	21D. TIME (Month) (Day) (Year) (Haur) 21F INTILEY OCCURRED 21						URY OCCUR?	Λ		
	that (I)	that (I) (this hospital last saw the decease	d olive an	AMP	11 2	2 1966 and th	19 <u>60</u> ta ot in(my) <u>(</u>) api	APRIL :		
	234. SIGNATU		0) (WW) (did		ending Med. Director	Stoff Phys	23 B. DATT SIGN	10	
	23C. PHYSICIA NAME (T)	N's	KAR	an		23D. ADDRESS 5. B	Phys. L	Ban	o M	0
24/		MATION, 24B, DATE	24C. N	AME of CEA	METERY OF CRE	MATORY 24D. L	OCATION (C	ly, lown, or count	v)	(State)

A. BURIAL CREMATION, REMOVAL (Specify) Burial 4-26-1966

APR 25 1966

Moreland Memorial Park Baltimore County, Maryland

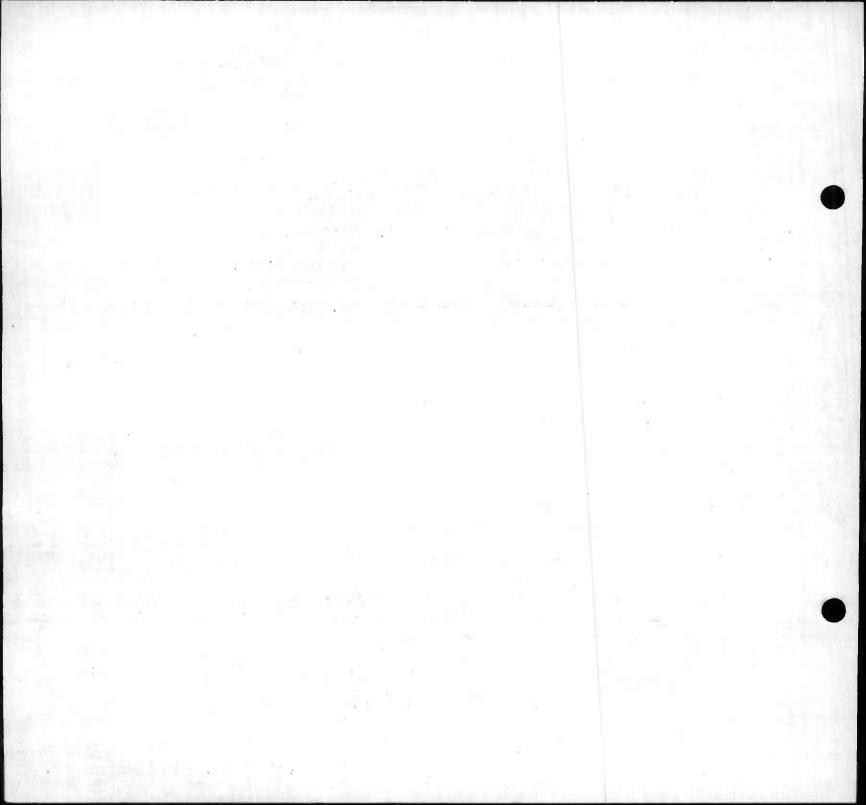
25B. NAME OF RECISTRAR

25C. FUNERAL DIRECTOR

ADDRESS
Lilly & Zeiler Inc. 1901 Eastern A

VS 150-REV, 1/1/65

1901 Eastern Ave.



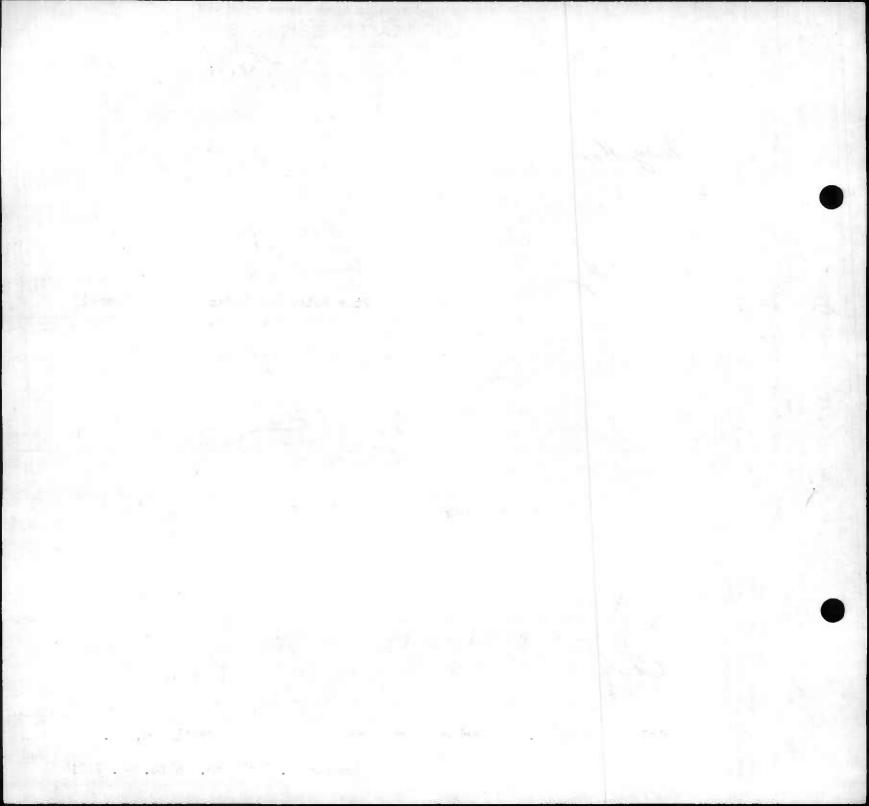
IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

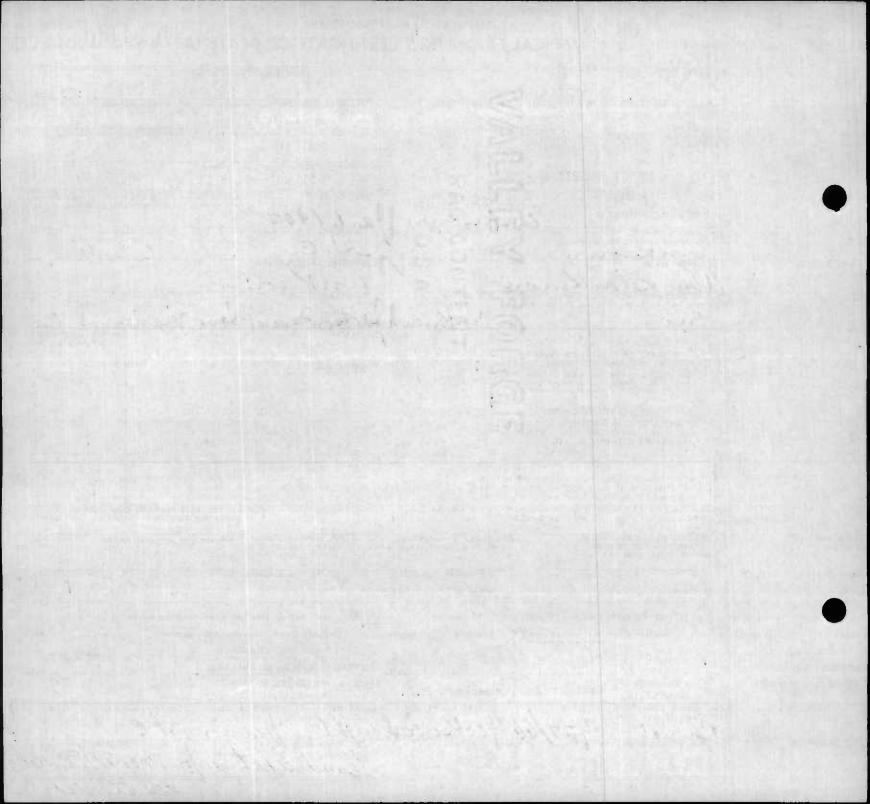
BALTIMORE CITY HEAL	TH DEPARTMENT
---------------------	---------------

Registered	1.63	12/1	120
Registered	No. L	11.6	

		C 5.155		
Pa or Print)		2. DATE AN	HOUR OF DEATH	15/ 0
PLACE OF DEATH IN SECTIMORE, MARYLAND		14 HSHAL BESIDENCE (Whom	1/66	stitution: residence before admission)
		A, STATE B. COUNT	Y	7 5 C
FULL NAME OF (If not in hospital or institution, give st	traat	nd -		1100
HOSPITAL OR address or location)		C. CITY OR TOWN (If outs	ide city limits, write I	RURAL and give township)
9		Salta		
mercy Moso.		11	yrol, give location!	
0		3010 Noveke	in / artivo	7
SEX 6. RACE 7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	12/8/1895	ast birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSII	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in cauntry)	12. CITIZEN OF WHAT COUNTRY?
ne during most of working life, even if retired)		Belt N	1d.	USA
FATHER'S NAME		14. MOTHERS MAIDEN NAM	NE .	
		0	,	
John Doffy		Conne Com	<	
	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
NO	-	Miss Betty Ann	Hodes	(Same)
118.	CAUSE O	DE DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY		7	1 1	ONSET AND DEATH
LEADING TO DEATH		honored In	autum	2 4 hau
(This does not mean the mode of dying, e.g.,	DUE TO		***************************************	
heart failure, asthenia, etc. 11 means the disease, injury ar complication which caused death.)				
ANTECEDENT CAUSES	(8)			
	DUE TO	1 1 1		
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the	10 16	ed abstruction	Jueven	& 8m
UNDERLYING CONDITION last.	On a	les to oblino	ch le lill	Lou
II II	10,1	t. Marin		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	PIL	Man / Corre		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19 A. DATE OF OPERATION 198 CONDITION FOR WHICH WAS PERFORMED WAS PERFORMED Shell Of	operation late	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE I	FINDINGS CONSIDERED USES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 218. PLAC	E OF INJURY (a.g., i	n or about 21 C. WHERE DID	(If in Baltimore	City, give exact lacation)
OR CONTRIBUTING CAUSE OF homo, for otc.)	m, loctory, straet, o	ffice bldg., INJURY OCCUR?		
	RY OCCURRED	21F. HOW DID INJU	INV OCCIIN	
OF INJURY	Not Whil		RY OCCUR!	
(APPROX.) Wark	At Work			/ /-
22. I certify that (1) (this hospital) attended the dec	ceased from	4/17/66 1	9 to -/	121166 19
that (1) (we) lost saw the deceased alive on			in (hi) (our) oni	nion death accurred on the date
and hour and from the causes stated above. (1) (Ve				
23A, SIGNATURE) (ala) (ala mat) (view the body offer deoth.		DATE SIGNED.
23A. SIGNATURE	/) M.D. AH	anding Med.	Stoff FD	238. DATE SIGNED
10/1/0/1/1/	Phy	rs. Director	Phys.	1/2/1//
Chester Callin In.				
Chester Colling In.		23D. ADDRESS	0	
Chety Colling In. 23C. PHYSICIANS NAME (Type) Starter C Culling			137	
A. BURIAL CREMATION. 1248. DATE 124C. NAME o		23D. ADDRESS Drey H	030	fy, town, or county) (Stote)
A. BURIAL CREMATION, 24B. DATE 24C. NAME o	M.D.	23D. ADDRESS Day EMATORY 24D. LO	CATION (Ci	ty, town, or county) (Stote) ore, Md.



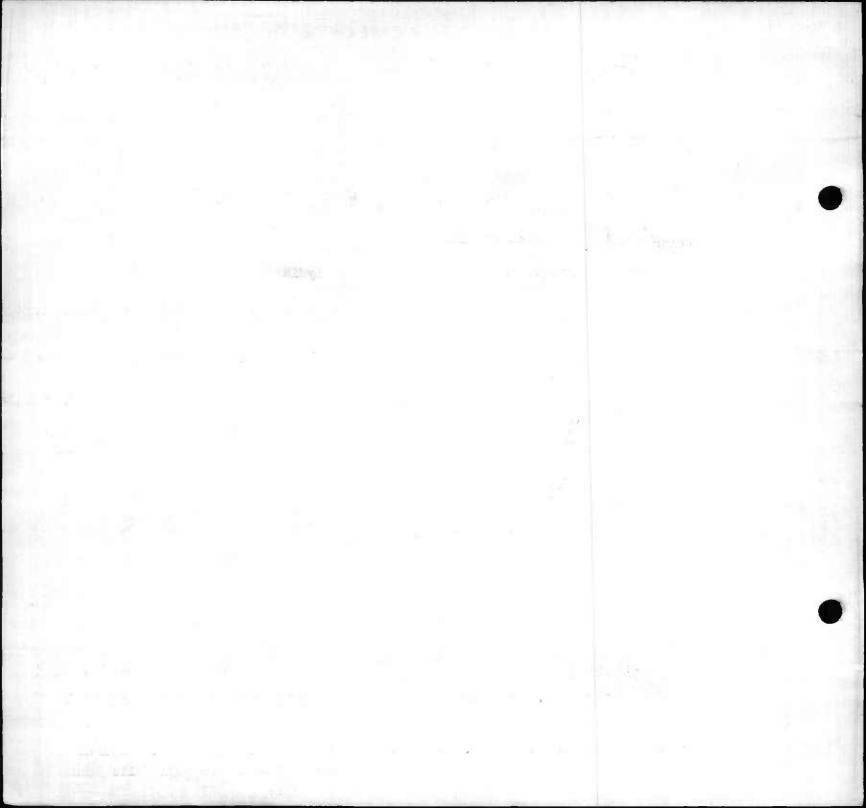
IRTH NO.	MEDI	CALEA	AMIINEK 3 C	EKTIFICATE OF	DLA I II Registe	ried indi
A.E. CASE NO.	71.000					
NAME OF DEC					ND HOUR PRONOUNC	
	ANNABELL				ril 23, 1966	
. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	B. COL	titution: residence before odmission) UNIY
ULL NAME OF	(IF NOT IN HOSPITA	L OR INSTITU	JTION, GIVE STREET	North Ca		V = = 0
OSPITAL OR	ADDRESS OR LOCA	TION)		C. CITY OR TOWN (If outs Mullins	ide corporate limits, wat	e KUKAL and give township?
				riullins		
37/	TEDOX HOCDIMA	T DOA		D. STREET ADDRESS (If rure	-	
To a P.	ERCY HOSPITA	L - DOA		421 Vale	entine St.	
. SEX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In yeors	If Under 1 Yr. If Under 24 Hrs.
Female	Negro	WIDOWED,	DIVORCED (specify)	1. 11/10	lost birthdoyl	Months Doys Hours Min.
DA LISHIAL OCCI			PHICINESS OF INDUSTR	Tan 1 700		12. CITIZEN OF
	working lile, even if retired)	NOW KIND OF	BOSHESS OK HEDOSIK	1 CE ISIONE OF TOTAL	ngn country	WHAT COUNTRY?
	Luorun			20,0		U.S. H.
3. FATHER'S NAM	0 1 1			14. MOTHER'S MAIDEN NA	ME	
Ilm. V	Slacken	an		linkno	w	
	D EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	2. INFORMANT		ADDRESS
es, no or unknown	(If yes, give wor or date	s of Service)	n U -	Vact 2	16/2 20	laria & C
118.			(mounting)	Jackson June	of Home-M	INTERVAL BETWEEN
471	X		CAUSI	OF DEATH		ONSET AND DEATH
DISEAS	SE OR CONDITION DI	RECTLY				
(This does n	LEADING TO DEATH not meen the mode of		(A)	nchopneumonia		
heort foilure,	osthenio, etc. It meons	the diseose,	DUE TO			
	inpireditett winer coosed	0001111				
	INTECENDENT CAUSE		(8)			
	OR CONDITIONS, IF A		DUE TO	***************************************		
UNDERLYIN	E ABOVE CAUSE (A) ST	IAING INE				
Z			(C)			
OTHER SIGN	il .					
OTHER SIGN	NIFICANT CONDITIONS DEATH BUT NOT REI					
DISEASE OF	R CONDITION CAUSING		10000000000000000000000000000000000000		*****************	
La constant de la con	OPERATION 198, CON		WHICH OPERATION	20 A. AUTOPSY? (Yes or No		
0	WAS FER	PORMED		yes	IN CERTIFYING CAU	
UNDERLYING	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE DID	(If in Boltimore City, g	ive exoct location)
UTING CAU	SE OF DEATH.	etc.)	, tom, toctory, street,	office bldg., INJURY OCCUR?		
Z 21 D TIME	(Month) (Doy) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID IN	ILLRY OCCUP?	
OF INJURY	(Telotilin) (Boy) (Teol				JORI OCCOR.	
		m. V	WHILE AT NOT	WHILE ORK		
22.	tify that I held an I	nauiry 🗍	Inspection Au	tapsy X and that on t	his basis, death in	my anialan
		process				
resul	ted fram: Natural car	usesXX A	Accident Sulcid		Undetermined mann	er 🔛
	. ///	-	5 ()	CHIEF MEDICAL E	XAMINER	DATE SIGNED
SIGNAT		Mu	still un	ASSISTANT MEDICAL E	XAMINER	
EXAMIN	Enic /	2		ASSOCIATE MEDICAL I		4-23-66
NAME (Breiter	necker, M.D.			
3A. BURIAL CRE	MATION, 23B. DATE	/ 23	C. NAME of CEMETERY	OF EREMATORY 23D.	LOCATION (City	, town, or county) (Stote)
REMOVAL (Specify	1 11/20	11.10	and was	Variable 7		I P.
Luna	1 4/2/	144	acksont	allymers 11	larien, >	0.60
4A, DATE REC'D	SY HEALTH DEPT.	-	OF REGISTRAR	AC. FUNERAL DIRECTO	1-1-1	ADDRESS
APR 25	1966 R. P. B	E, Jan	beut 4.8	Ilm. K. loh	alman/n.	1701 11/2 Culler
VS 151-REV. 1/1/	The state of the s				1	13 14. 1. 1
						sall, lell.



BALTIMORE	CITY	HEALTH	DEPARTMENT
-----------	------	--------	------------

	1383	114	10
Registered No.	00	() A	A. A.

віятн но. 66 (4141	CERTIFICAT	E OF DEATH	Registered Na.) ()4141
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) (Type or Print)	Laine	2. DATE AN	D HOUR OF DEATH	4:30 0
FULL NAME OF HOSPITAL OR Oddress or location) Monde bello State	'e street	A, STATE B, COUNTY C, CITY OR TOWN (II) out: Beal H M D. STREET ADDRESS (If r	side city limits, write RURAL MOTE urol, give location)	
4/	V		na Vista	
/ \ WIDOWED,	DIVORCED (specify)	4 /23/20	ost birthdov Mo	Under 1 Yr. If Under 24 Hr nths; Doys Hours; Min,
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF B done during most of working life, even if refired) Specier Cotton 13. FATHERS WAME	USINESS OR INDUSTRY	mary (ar	gn country) 12,	CITIZEN OF WHAT COUNTRY?
William Gorsuck	3	4. MOTHERS MAIDEN NAM	le:lliam	3
IS, Was Deceased Ever in U, S, Armed Forces? (Yes, no or unknown) (II yes, give wor or doles of service)	6. SOCIAL SECURITY NO.	Vernon	Tracey 35	
LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the abave couse (A) stating the UNDERLYING CONDITION tost.	DOE 10 .	deval pre	veinoma	3 yrs
19A. DATE OF OPERATION 198. CONDITION FOR WE WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. P. bome.	LACE OF INJURY (e.g., in	20A. AUTOPSY? (Yes or No.	IN CERTIFYING CAUSES	NGS CONSIDERED OF DEATH? 20 , give exact location!
DEATH (notify medical examiner) etc.)	NJURY OCCURRED	21F. HOW DID INJU	URY OCCUR?	
22. I certify that (I) (bis haspital) attended the that (I) (we) ast saw the deceased alive an and haur and fram the causes stated abave. (I) 23A. SIGNATURE Policy July 23C. PHYSICIAN'S NAME (Type) Robert W. Irela	((e) (did) (did nat) vie	and the bady after death.		DATE SIGNED 4/21/66
REMOVAL (Specify)	t. Pleasant C	emetery Ca	rroll County,	Maryland ADDRESS



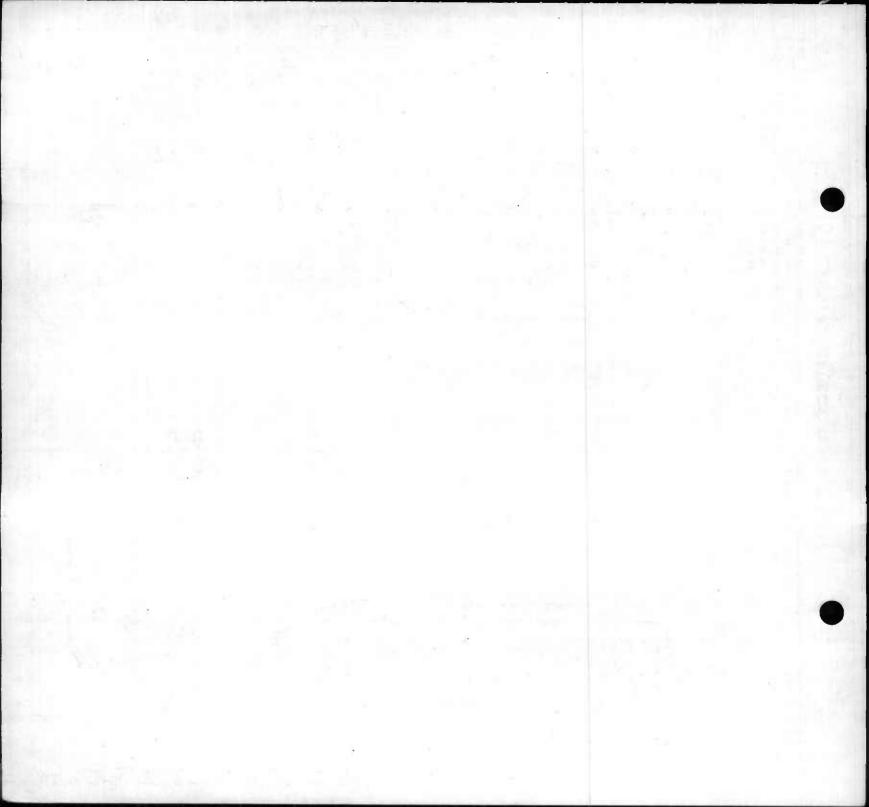
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

	1	150	. 4	4 4 47
Registered	No !	10	114	100
redistered	170	7 3.7		

	H NO. 65 114142	CERTIFICA	TE OF DEATH	Registered No.	119142
1. N	AME OF DECEASED	1-1-1	2. DATE AND	HOUR OF DEATH	2 0
	LACE OF DEATH IN BALTIMORE, MARYLAND	172188	4. USUAL RESIDENCE (Where	deceased lived. If institution	an: residence befare admission)
	ULL NAME OF (If not in hospital or institution		A. STATE B. COUNT		903
-	OSPITAL OR address ar lacotion)	, give siteel	C. CITY OR TOWN (If outs	ide city limits, write RURAL	and give township)
27	0		D. STREET ADDRESS (If to	ugal, give location)	
4	408 Calhaum	Bt.	11. 0 A DE	foun St.	
5. S		D, NEVER MARRIED	B. DATE OF BIRTH 9	AGE (In years If L	Under 1 Yr. If Under 24 Hrs.
1	Tale While Wie	lowed	12/17/99	66	CITIZEN OF
dan	USUAL OCCUPATION (Give kind of work 108, KIND of during mast of working life, even if retired)		11. BIRTHPLACE (State or fareig	in country)	WHAT COUNTRY?
13.	Veleler B.Y	O.RR.	14. MOTHER'S MAIDEN NAM	NE	4. 8- le.
	1100 kingson		1/m henry	w	
15.	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1	es W. W. I	705-12-446	8 I unlin C.	Witzlery11	8 Cellenne St
/	18. 4. 20, 11	CAUSE O	F Jyclico C. C. C. ORONARY C		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(ORONARY O	CLLUSION	ACUTE
	(This does not meon the mode of dying, e.g. heort foilure, osthenia, etc. It meons the diseos	g., DUE 10			
	injury or complication which caused death.)				
	ANTECEDENT CAUSES	DUE TO	**************************************		
	DISEASES OR CONDITIONS, if ony, giving the lotter of the obove cause (A) stoling the UNDERLYING CONDITION lost.	re (C)			g \$qq x 16 g \$qq y win mq winig \$ 11 \$ 12 \$ 10 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$ 0 \$
	ONDERLING CONDITION 1081.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG ASTHMA	CHRONIC BRU	NCHIBL	37 years
	19A. DATE OF OPERATION 19B. CONDITION FOI		20 A. AUTOPSY? (Yes ar No)		NGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUSES	OF DEATH?
AL CI	OR CONTRIBUTING CAUSE OF h	18. PLACE OF INJURY (e.g., i ome, larm, loctory, street, a Ic.)	n or obout 21 C. WHERE DID	(II in Baltimare City	, give exoct location)
DIC	21D. TIME (Manth) (Day) (Year) (Hour) 2	1E. INJURY OCCURRED	21F. HOW DID INJU	JRY OCCUR?	
ME		While At Not While Not Work Not			A
	22. I certify that (1) (this hospital) attended	/1	April, 15,1	9 66 to A	DVI 22 1966.
	that (1) (we)-last saw the deceased alive on	Hpril 2	-1, 19 66 and the	ot in (my) (our) apinian	death occurred an the date
	and haur and from the causes stated obave. 23A. SION ATURE	(I) (WE) (did) (did no)	view the bady after death.	1228	PATE SIGNED
	Hillert E. P. 1	M.D. Att.	ending Med.	Stall 4	12/66
	23 C. PHYSICIAN'S		23D. ADDRESS	7	
	NAME (TYPO) LIBERT F. K	VDMAN, M.D.	2517 W.B	ALTO. 57.	
244	REMOVAL (Specily) 248. DATE 24C.	NAME OF CEMETERY OF CR	EMATORY 24D. LC	CATION (City, to	wn, ar caunty) (State)
10	surial 4/23/66 6	INDAN Hill I	militar Com	Ummarl WI	as wellend
	DATE BECOD BY HEALTH MEDT - DED STANKE	CO PECCETRAL	25C FUNDON DIRECTOR	WIIIW VI JULI	ADDRESS
234	APR 25 1966 P. C. 258 NAM	E OF REGISTRAL	25C. FUNERAL DIRECTOR	al House R	ADDRESS THE SHEET AND ALL



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

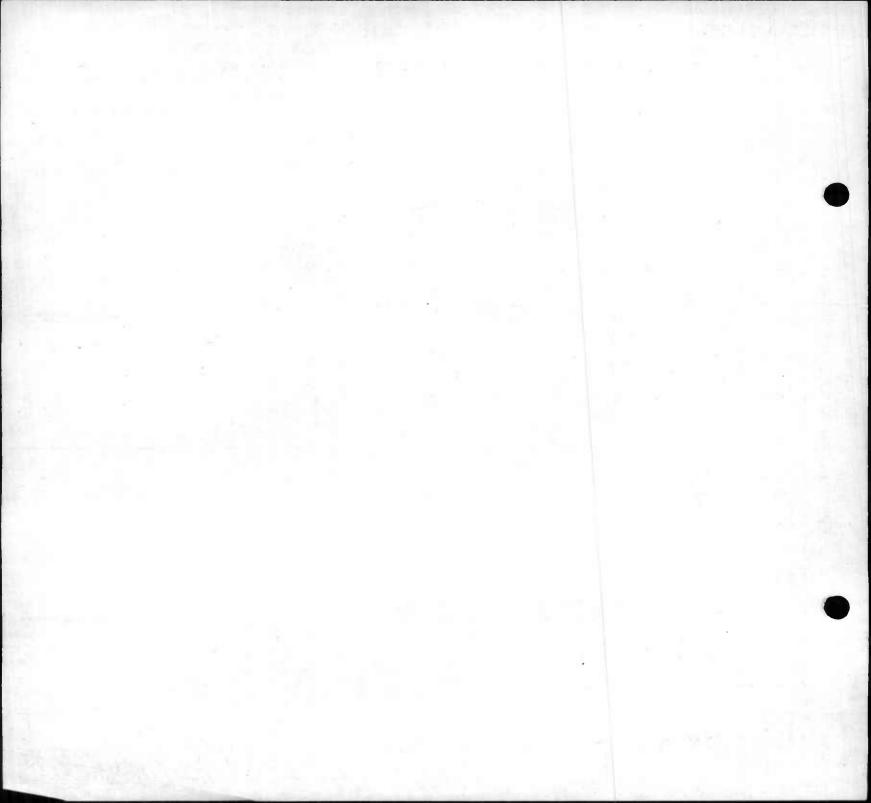
		X-150 CC 1818	BALTIMORE CITY	HEALTH DEPARTMENT	,	0 4440
BIRTH NO. M.E. CASE NO., M.E					Registered No.	6 114143
- 15	1. N.	AME OF DECRASED OF Print! ATHERINE E	BALNEY	21 A	DV 66	830 PM
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If instit	tutian: residence before admission)
	H	ULL NAME OF (If not in hospital or instituti	on, give street	C. CITY OR TOWN (If outs	ide city limits, write BUI	PAL and give towartie)
	11	BALTIMORE CITY HO		Baltime	- 1.1	901
de.	3	4940 EASTERN AVEN BALTIMORE MARYLA	ND 21224	3748 66	L Jork	21218
E	5. 5	M WIDO	WED, DIVORCED (specify)	11-24-93	72	If Under 1 Yr. If Under 24 Hrs. Norths Doys Hours Min.
disposition		USUAL OCCUPATION (Give kind of work 10B, KINE dering most of working lite even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or fireig	in country	12. CITIZEN OF WHAT COUNTRY!
1000	13. [ATHERS NAME	-/	14. MOTHERS MAIDEN NAM	NE C	1
disp	16 1	JOHN A. CASE	. Y	/VIARGAI	ZEI G	ENN
0	(Yes	Vas Deceased Ever in U. S. Armed Forces? ,no or unknown) (It yes, give wor or dotes of servi		17. INFORMANTRECORDS	^	asterno Avenue
or fin		18. 44 4 1 1 1 2 1 0	NOIVIZ CAUSE O	F DEATH	Baltimore,	Md. 21224
0		DISEASE OR CONDITION DIRECTLY		Za-fidon	A4 C4 -	ONSET AND DEATH
Ε		(This does not mean the made of dying,		5000		10 de 10
E Dal		heart failure, asthenia, etc. It means the diserinjury or camplication which caused death.)	(ganaseno (L) toot	12 Laiss
0		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given	(B) DUE TO	1,000	~ COD.	1
Sal		tise to the above cause (A) slating UNDERLYING CONDITION last.		WW SCLUSS	15 Colifer	two long
remains	z	11	-		11 11	
	10	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		habetes 1	Mellitz	4 long
the	CERTIFICA	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208, IF YES, WERE FIN	DINGS CONSIDERED
betore		21 A. A CCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	n or obout 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
	CA	DEATH (notify medical examiner)	etc.)	SSPARANO.		
gined	Z	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While	21F. HOW DID INJU	RY OCCUR?	
0			Work At Work	Leb 21 19	6610 21	Apr 19 66
0		that (I) (we) last sow the deceased alive	0. //	1 1		on death accurred on the date
S		ond hour and from the causes stated abov	e. (I) (Ve (did) did	iew the body after deoth.		1 (
E .		The Allery	M.D. Atte	mding Med. S	itoff D	21 HDS 60
proval		23C. PHYSICIAN'S NAME Type		200	astern Avenu	Bal o Md. 21224
0	24A.	BURIAL GREMATION, 248. DATE 220	NAME OF CEMETERY OF CRE	MATERIAL	CATION (City,	spokes (San)
_	1	REMOVAL (Specify)	IEW CATHEURAL	CEM. BA	the M	town, or caunty) (State)
e L	25A.	DATE REC'D BY HEALTH DEPT. 258, NAM	AGOOF REGISTRAR	25C. FUNERAL DIRECTOR	SON 8802 NA	ADDRESS
>	/6 1	APR 25 1966 OLCUP 2.	A THOUGH WA	L. F. EVANS+	JON 880 XNA	MORE IND

80-15-11 TONN A CASEY MARGARET GELL 1124/41)

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV, 1/1/65

	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No. 5	5 114144
1. NAME OF DECEASED			HOUR OF DEATH	
(Type or Print) JOSEPH WAYMON	TINSLET		1/66	1/2:45 Am.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. USUAL RESIDENCE Where A. STATE B. COUNT	Beceased lived. If instit	ution: residence before odmission)
FULL NAME OF (If not in hospital or institution, give s HOSPITAL OR oddress or location) INSTITUTION	reet	C. CITY OR TOWN (If outs)	ide city limits, write RUR	AL and give township)
UNIVERSITY HOSPITAL		10. 0	orol, give locotion)	17
			TULBERRY	31.
5. SEX 6. RACE NECTO 7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	4-12-99 1c	ost birthdoyl	Under 1 Yr. If Under 24 Hrs.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSI	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
done during most of working life, even it retired) UNEMPLOYEN		VIRGINIA	-	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	E	
RUBIN TINSLEY		HAZEL TO	ERRY	
15. Was Deceased Ever in U. S. Armed Forces? 16.5	OCIAL ECURITY NO.	17. INFORMANT		ADDRESS
	36-05-978	ACICE TIN	SEEY WIFE	5/0
18. 2 3 3 7	CAUSE OF	7 (INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		1 0	I(L) Temi	ONSET AND DEATH
LEADING TO DEATH	13/6	PAIN ABSCE	SSL LUBE	1 4/9/66
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO			
injury or camplication which coused death.)	(8)			
ANTECEDENT CAUSES	DUE TO	MAMA 14/M4 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Billet the corn corn to the about district corn and about the corporate production of the corn corn corn and the corporate production corn and the corn corn corn corn corn corn corn corn	
DISEASES OR CONDITIONS, il any, giving	(C)			
UNDERLYING CONDITION last.	()		90 mm mm e0 mm e0 e0 00 00 00 00 00 00 00 00 00 00 00	**************************************
II II		***		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
U 19A, DATE OF IOPERATION 119B, CONDITION FOR WHICH	- OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
#BY 4/21 66 WASSERFORMED TO	non.	1/25	IN CERTIFIENG CAUSE	OF DEATH?
OR CONTRIBUTING CAUSE OF home, low	E OF INJURY (e.g., in m, foctory, street, off	or obout 21 C. WHERE DID	(If in Boltimore C	ity, give exoct locotion)
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJU	IRY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
₩ OF INJURY (APPROX.) While At Work				/
22. I certify that (4 (this hospital) attended the de		4/19	66 10 41	22 1966
that (1) (%) last saw the deceased alive an	4/22	1//		n death accurred on the date
and haur and from the causes stated above. (1) (We) (did) (did not) vi	ew the body after death.	/	
23A. SIGNATURE			23	B. DATE SIGNED
Man 2. Butlen	M.D. Atter		hys.	4/22/66
23C. PHYSICIAN'S NAME (Type) C. BUTLON	M.D.	3D. ADDRESS UNIVERSITY	HOSPITAL	
	OF CEMETERY OF CREE	MATORY 24D. LO	CATION (Gity.	town, of county) (Stote)
Buriol 4/26/1968 tan	alord C	m. St	anaford	Wila.
APR 25 1986 (C. B. S. J. C.)	SATRAR	25C. FUNERAL DIRECTOR	in Mi	10 4 Pake water IL
APR 25 1986 P. D. & E. Jack	tee A.	VVIIIIAMS YU	MUM MANNE V	17/100000000000000000000000000000000000



approved

must

certificate

Was

of death Deceased Such LO hospital attendance Undetermined cause; (5) Cause 0 .5 prior contributing occurred regular deceased 0 Was the 4 0 death kind; attendance any pronounced Also, of examiner OL fra

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6 114145 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED Type or Print) April 19, 1966 4:19 Stuart Brooks 4. USUAL RESIDENCE (Whore deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Maryland FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) Ilf outside city limits, write RURAL and give township C. CITY OR TOWN INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 1436 Argyle Avenue made 9. AGE (In yours If Under 24 Hrs. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 6. RACE If Under 1 Yr. Months: Doys 5. SEX Hours lost birthdoy) WIDOWED, DIVORCED (specify) 4-15-1890 Negro Unknown disposition is 12. CITIZEN OF WHAT COUNTRY? 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) None U.S.A. Virginia 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Unknown Unknown 5. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS or final (Yes, no or unknown) (If yes, give wor or dates of sorvice) SECURITY NO. 900 Madison Avenue Fannie Clark 218-30-6657 CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner. injury or camplication which caused death.) regul ANTECEDENT CAUSES who DUE TO before the remains are 4 DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the 3 UNDERLYING CONDITION lost. physician physician was medical ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 CERTIF to the hospital by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (5) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where å MEDICAL DEATH (notify modical examiner) etc.) nature; obtained |Month| | |Doy| |Year| (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY Not While (except While At (APPROX.) Work pup : any 22. I certify that (i) (this hospital) attended the deceased from April 18. 19 66 to April pe of eath) hospital the body, was released shows: (1) An accident and have and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 238. DATE SIGNED Ö Attending Stoff Phys. Med. M.D. April 20, 1966 10 Phys. Director _ approval 0 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS deceased prior 40 D.O.A.

M.D 1514 Division Street Corvera 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, lown, or county) REMOVAL |Specify) Auburn Cemetry Baltimore Mt 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS 2 Adolphus Halstead 1206 W North Ave V\$ 150-REV. 1/1/65

ezaleu

Cilmore, Maryland 1436 Argyle Avenue

Hale Negro Unknown 4-15-1890 74

None Name Virginia

Umanown Unknown

and Brown many

April 15, 66 April 19,

Fannie Clark 950 Mani-

en B Cermina / Bell is

rvers "1514 Otvision place"

emetry

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

WILL NO.	ICAL L	MAINTALK 5 C	EKIII IÇATI	L OI DEATH TO STORE	
M.E. CASE NO.					
1. NAME OF DECEASED			2	DATE AND HOUR PRONOUNCED	
ALVIN RUTH				April 19, 1966	4:23 P _M
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONOL	JNCED DEAD	A. STATE	ICE (Where deceased lived, If institut	ion: residence before odmission IY
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET		Maryland (If outside corporate limits, write R	IIPA1 and give township)
HOSPITAL OR ADDRESS OR LOCA	ATION)			Baltimore	10 A
3900					17-01
Franklin Square Hosp	sital -	DOA		SS (If rurol, give location)	
			LI.	310 N. Mount St.	
5. SEX 6. RACE		NEVER MARRIED DIVORCED(specify)	B. DATE OF BIRTH	9. AGE (In years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months; Doys; Haurs, Min.
Male Negro		Separated		34	
tOA, USUAL OCCUPATION (Give kind of wordane_during most of working life, even if retired)	IND NIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ate ar foreign country)	2. CITIZEN OF WHAT COUNTRY?
Laborer			14. MOTHER'S MAI		
13. FATHER'S NAME	zi um		14. MOTHER'S MAI	DEN NAME	
Morgan Richards	on		Evelyn		3
15. WAS DECEASED EVER IN U.S. ARMEE (Yes, no or unknown), (If yes, give war ar dote		16. SO CIAL SECURITY NO.	17. INFORMANT	A	DDRESS
		214-26-9588	Mrs Doro	les E Ruth 220 N St	ricker St
18.		CAUSE	OF DEATH	A	INTERVAL BETWEEN
007,01					ONSET AND DEATH
DISEASE OR CONDITION DI LEADING TO DEATH		Pronch	onnormonio	47 -	
(This does not mean the made of	dvina e.a.	T 115	opneumonia	7	
heart failure, asthenia, etc. It means injury ar complication which caused	the discose, deoth.)	ia	tty metamo:	rphosis of the live	er
ANTECENDENT CAUSI			***************************************		
DISEASES OR CONDITIONS, IF A		DUE TO			
UNDERLYING CONDITION LAST.		(C)			
0					
OTHER SIGNIFICANT CONDITIONS					TES SUITE COMME
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION [198. CON		HE			
19A. DATE OF OPERATION 19B. CON	IDITION FOR	WHICH OPERATION	20A. AUTOPSY?	Yes or No) 208. IF YES, WERE FIND	
WAS PER	FORMED		yes-par	rtial CERTIFYING CAUSES	OF DEATH?
21A. EXTERNAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in ar about 21C. WH	IERE DID (If in Baltimare City, give	exoct location)
UNDERLYING OR CONTRIB-	home etc.)	, farm, factory, street, o	thee bidg., INJURY C	OCCUR?	
21 D TIME (Manth) (Doy) (Yeo	r) (Hour) 2	TE. INJURY OCCURRED	21E HOW	V DID INJURY OCCUR?	
OF INJURY (APPROX.)			WHILE	, DO MOUNT OCCUR.	
	m. V	VORK L AT W	ORK		
22. I certify that I held on I	ngulry 🗌		rtial ond t	that on this basis, death in my	opinion
resulted from: Natural co		ccident Suicid			
10301100 11011111 11011110	1	Soleiu			
ACTUAL (not!	7. 1		DICAL EXAMINER	DATE SIGNED
SIGNATURE	juin	way M.D.		DICAL EXAMINER X	1. 20 66
EXAMINER'S Rudiger	Breiten	ecker, M.D.	ASSOCIATE MEI	DICAL EXAMINER	4-20-66
23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)	23	C. NAME OF CEMETERY O	CREMATORY	23D. LOCATION (City, to	wn, or county) (State)
Burial 4/25/6	6	Mt Auburn C	emetry	Baltimore Md	CENT OF THE PARTY
24A. DATE REC'D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL		ADDRESS
APR 25 1966 (L.)		66 6		nus Halstead 1206 W	
VS 151-REV. 1/1/65					

Market Will the state of the late of the state of the sta

	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hosp	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause	shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5)
	0	כמח	S.
	.5	6	OD
	P	in in	C
	rre	but	nec
	000	†ri	=
	ŏ	0	eri
	ath	2	det
	dec	0	Un
	ji.	ect	0
5	+	-	3
A	tar	9	pu
7	Sis	÷	Ā
ō	CIS	<u>+</u>	ny
9	Jis	ò	f a
3	J.	Als	0
	7	2	1
2	ine	he	act
F	E	Ē	fr
E	X	DX	A
œ	1	0	3
FUNERAL DIRECTOR: IMPORTANT	ico	B	18;
7	ed	ē	2
2	f m	me	b
7		0	Po
5	C	>	B
L	he	-	2
	×	ita	0
	9	Sp	tur
	×	Ä	Du
	oro	he	Y
	dr	0	8
	0	P	0
	+ 12	ISE	en
	305	9	P
	9	10	200
	at	SID	L
	ific	3	1) 4
	T	P	U ::
	30 4	poq	WS
	his	he	9
	-	-	W

of death

Deceased

+

LO

attendance

in regular

Was

kind; (death

any nature; (2) Body burns; (3) A fracture of any (except where the physician who pronounced

hospital

0

at

D.O.A.

Was

Ö

VS 150-REV. 1/1/65

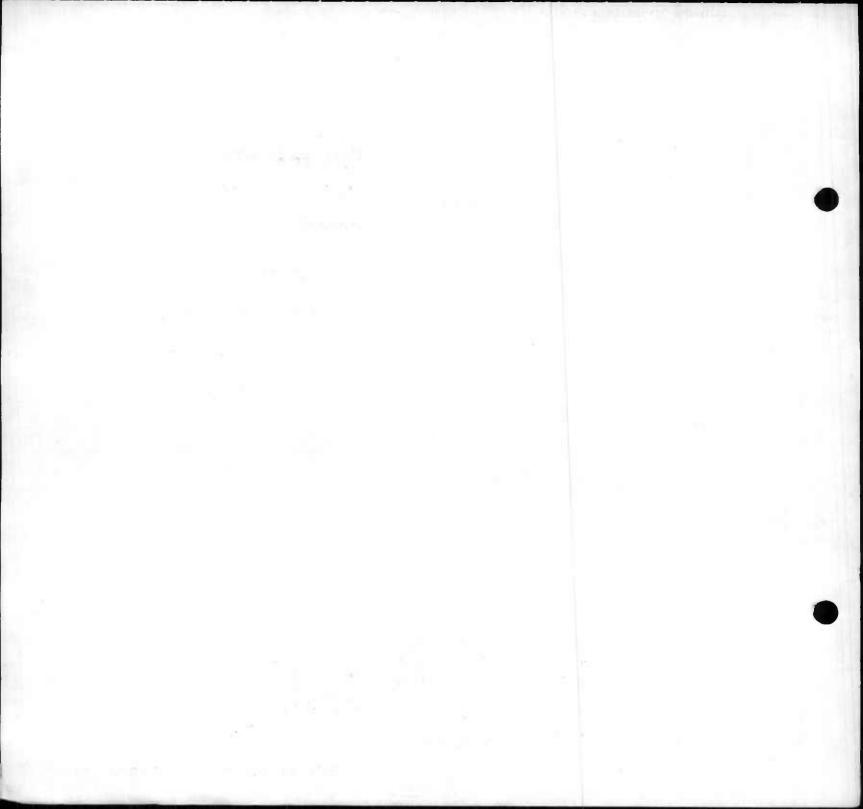
pup

hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Vaughn) (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence A. STATE

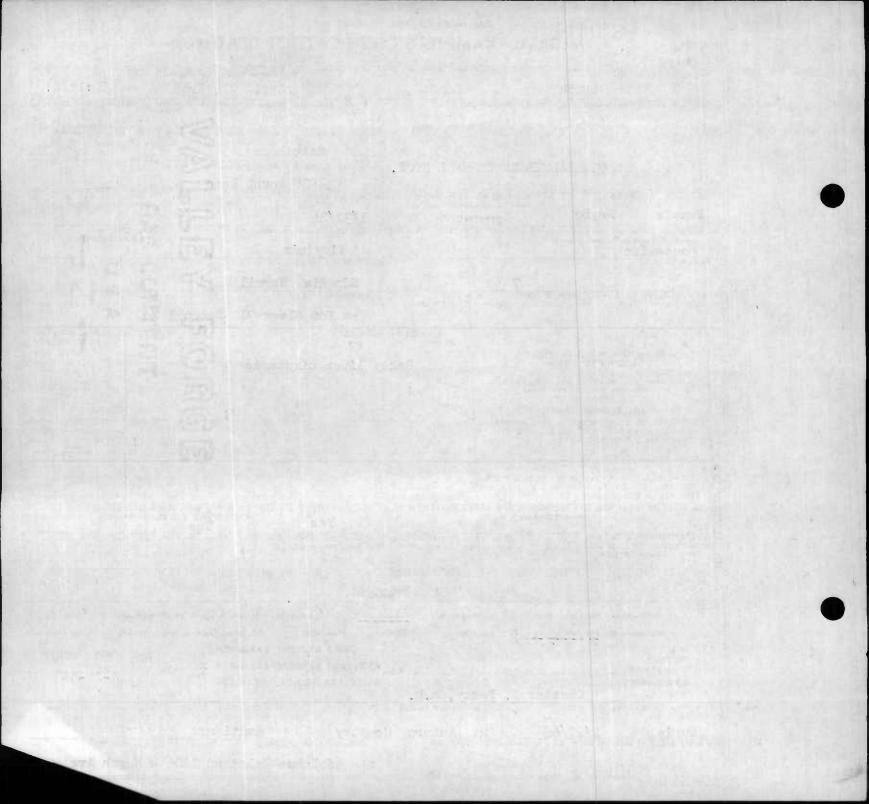
B. COUNTY (If not in hospital or institution, give street Md FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL ond give lownship 0 Hospital Provident prior McMechen St disposition is made 9. AGE (In years 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH deceased II Under 1 Yr. If Under 24 Hrs. lost of doy WIDOWED, DIVORCED (specily) 4/15/90 Months Doys Hours Separated

103. USUAL OCCUPATION (Give kind of work) 108. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Maryland Housewife the 14. MOTHER'S MAIDEN NAME Ellen Thomas 0 15. Was Deceased Ever in U. S. Armed Forces' 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. in regular attendance s are embalmed or fina Mrs Jones 515 McMechen INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY Myo cordial Inforcionis LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. Il means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. remains (6) No physician was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the CERTIFIC 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID III in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI obtained 21 D. TIME 21E. INJURY OCCURRED (Month) (Doy) (Year) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) ; and Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an 19 and that in (my) (aur) aplnian death accurred an the date pe death) and haur and fram the causes stated abave. (1) (We) (dld) (did nat) view the bady after death. must 23A. SIGNATURE 238, DATE SIGNED M.D. Attending Med. Stoff 0 Phys. Director Phys. approval 23C. PHYSICIAN'S prior 23 D. ADDRESS NAME (Type M.D 24C. NAME of CEMETERY OF CREMATORY eceased 24A. BURIAL CREMATION, REMOVAL (Specify) written Mt Auburn Cemetry Baltimore Md 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Adolphus Halstead 1206 W North Ave



66 04148

BIRTH NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	IF OF I	DEA!H.Registo	ered No	
M.E. CASE NO.								
. NAME OF DEC Type or Print)	ESTER		LONG			1 22, 1966):21 A.
PLACE IN BALT	IMORE MARYLAND, W	HERE PRONOU		4. USUAL RESID		deceased lived. If ins	titution: residence	
				A. STATE M	aryland	B. CO	UNTY	×
ULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	TION, GIVE STREET	C. CITY OR TO	WN (If outsid	e corporote limits, writ	e RURAL ond give	to waship)
NOITUTITZN				Ва	altimore	9	25-	37
	SOUTH BALT	CIMORE G	ENERAL HOSP.	D. STREET ADD	ORESS (If rural,	give location)		
48					930 Rour	nd Road		
. SEX	6. RACE		NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRT	гн	9. AGE (In years lost birthday)	Months Doys	
Female	Negro		arated	1/31/21	+	42		1
	JPATION (Give kind of work vorking life, even if retired)	TOR KIND OF	BUSINESS OR INDUSTR	111. BIRTHPLACE	(State or foreig	in country)	12. CITIZEN OF	INTRY?
Housew	ife				inia			
3. FATHER'S NAN	(E			14. MOTHER'S A	the state of			
S WAS DECEASE	D EVER IN U.S. ARMED	?	16. SO CIAL	Edmoni	la Spru	ill	ADDRESS	
	Of yes, give wor or dote		SECURITY NO.		D11	010 8		
				Mrs Ida	Black	910 Seagull	. Ka	
1B. 3	100		CAUSI	OF DEATH				VAL BETWEE T AND DEAT
heort foilure,	not meon the mode of osthenio, etc. It meons application which coused	the diseose,	DUE TO	ty liver				
	INTECENDENT CAUSE OR CONDITIONS, IF A		(B)DUE TO					
RISE TO TH	E ABOVE CAUSE (A) S'		DOE 10					
			(C)					• • • • • • • • • • • • • • • • • • • •
	11							
O THE	DEATH BUT NOT RE	LATED TO TH						
E DISEASE OF	OPERATION (198, CON		VHICH OPERATION	20A ALLTOPS	Y? (Yes or No)	20B. IF YES, WERE F	INDINGS CONSID	ERED
5 2	WAS PER		VIIICH OFERATION	Ye		IN CERTIFYING CAU		LKLD
21 A. EXTERNA	L CAUSE WAS	21 B. I	LACE OF INJURY (e.g.,	in or obout 21 C.	WHERE DID		ive exoct location)	
UTING CAU	SE OF DEATH.	home,	form, foctory, street,	office bldg., INJUR	Y OCCUR?			
21D TIME	(Month) (Doy) (Yeo	r) (Hour) 2	E. INJURY OCCURRED	21 F. H	OW DID INJU	JRY OCCUR?		
OF INJURY (APPROX.)		W	HILE AT NOT	WHILE				
22.		m. W						
	ify that I held on I		InspectionAu	topsy X or	d that on the	is bosis, deoth in	my opinion	
resul	ted from: Notural ca	uses X A	ccident Suicid			Indetermined mann	ier	
ACTUAL	()	1			EDICAL EX		DA'	TE SIGNED
SIGNAT		ade J	Velly M.D	ASSISTANT A			11-2	2-66
HAME (lac S P	etty, M.D.	ASSOCIATE	MEDICAL E	KAMINER	4-2	.2-00
3A, BURIAL CREE	MATION, 23B. DATE		NAME of CEMETERY	CREMATORY	23D. L	OCATION (City	, town, or county)	(Stote)
Burial	4/27/60	5	Mt Auburn	Cemetry	I	Baltimore M	Id	/
4A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR		ADDRES	S
ADD	25 1966 0 0	100	7 0	Ado	lphus Ha	alstead 1206	S W Nort	1
'S 151-REV, 1/1/		Prose Sale	121 - M.		*			



was D.O.A.

of death Deceased

and

hospital

the

LO

gnce

attend 0

death.

prior

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A STATE B. COUNTY Maryland - 57-00 Cecil FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR address or lacation) (If outside city limits, write RURAL and give township) Earleville 2020CDDCCCCC (If rural, give location) D. STREET ADDRESS mad 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF SIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthday) Months Doys Male White Married 6-28-99 66 IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Ret. Machinist. Factory Philadelphia, Pa. U.S.A. 13. FATHERS NAME 4. MOTHER'S MAIDEN NAME John Rehfuss Cecilia Becklee 5. Was Deceased Ever in U. S. Armed Forces ADDRESS Wife. or final (Yes, na or unknown) (If yes, give wor or dates of service) SECURITY NO. Earleville, Md.21919 Mrs. Agnes L. Rehfuss. No. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., embal heart failure, asthenia, etc. It means the disease. injuly of complication which caused death.) ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198. CONDITION FOR WHICH OPERATION 208. FYES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED fore 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Baltimare City, give exact facation) bel DEATH (notify medical examiner) ate) MEDIC 21 D. TIME obtained (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While | (APPROX) Work At Wark 22. I certify that (this hospital) attended the deceased from pe that M (we) lost sow the deceased alive on. ond that in (au) (our) opinion death occurred on the date ond hour ond from the couses stoted obove. (f) (We) (did) (did.not) view the body ofter death. must 23A. SIGNATURE 23 R. DATE SIGNED Attending M.D. Mad. Phys. Director pproval 23D. ADDRESS M.D. William H. Spencer deceased p 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify)

Old Bohemia Cemetery

258. NAME OF REGISTRAR

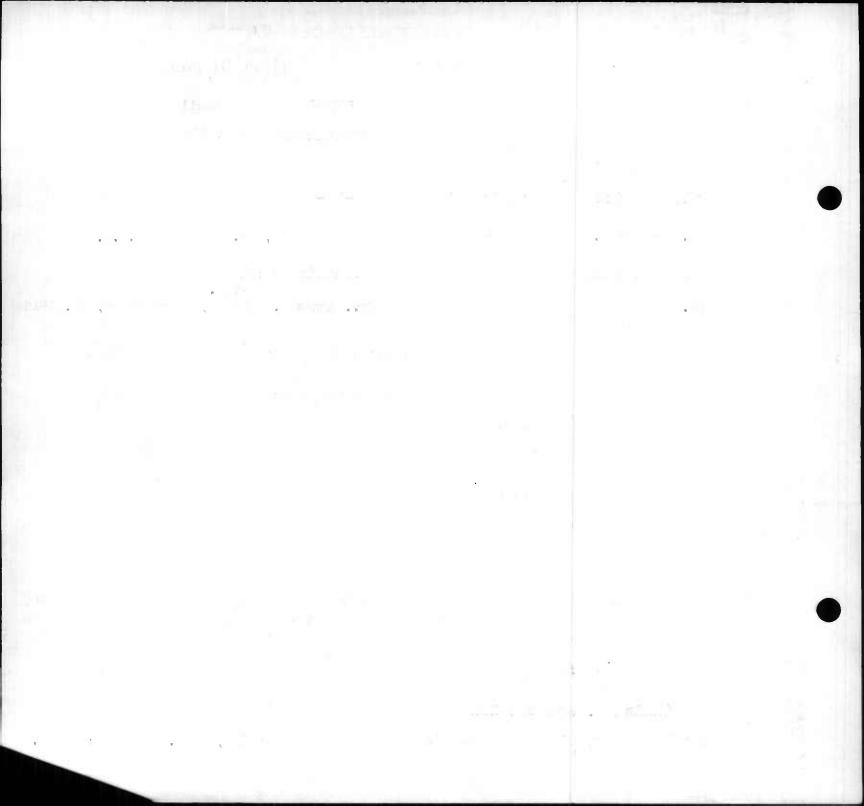
VS 150-REV. 1/1/65

4/25/66

25A. DATE REC'D BY HEALTH DEPT.

25C FUNERAL DIRECTOR

Warwick, Rural, Cecil

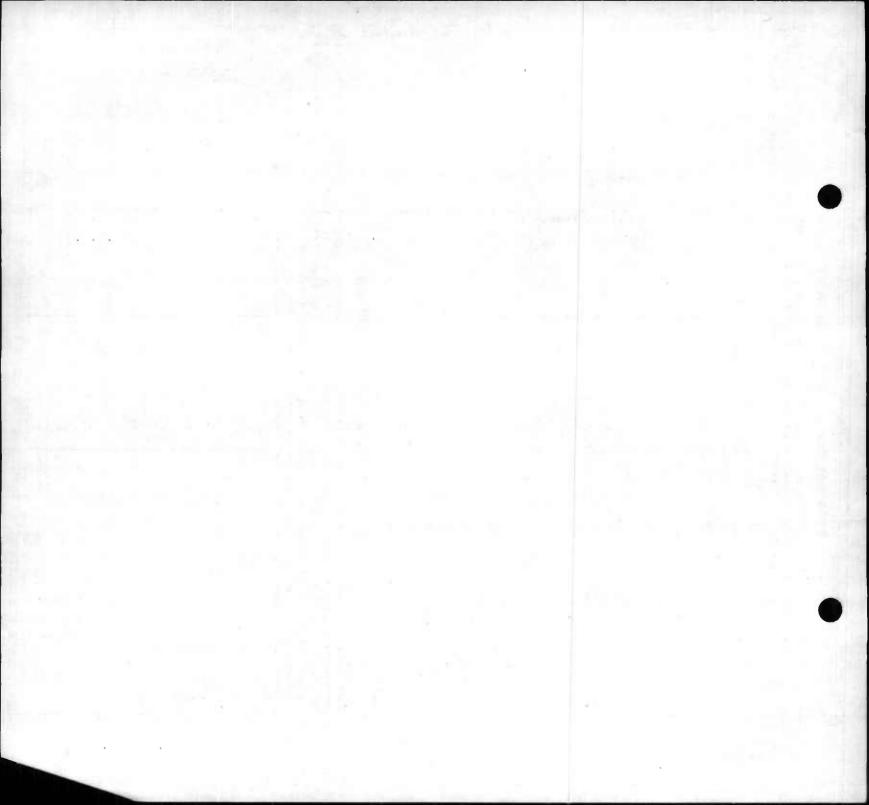


IMPORTANT FUNERAL DIRECTOR:

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the prior to death. deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.

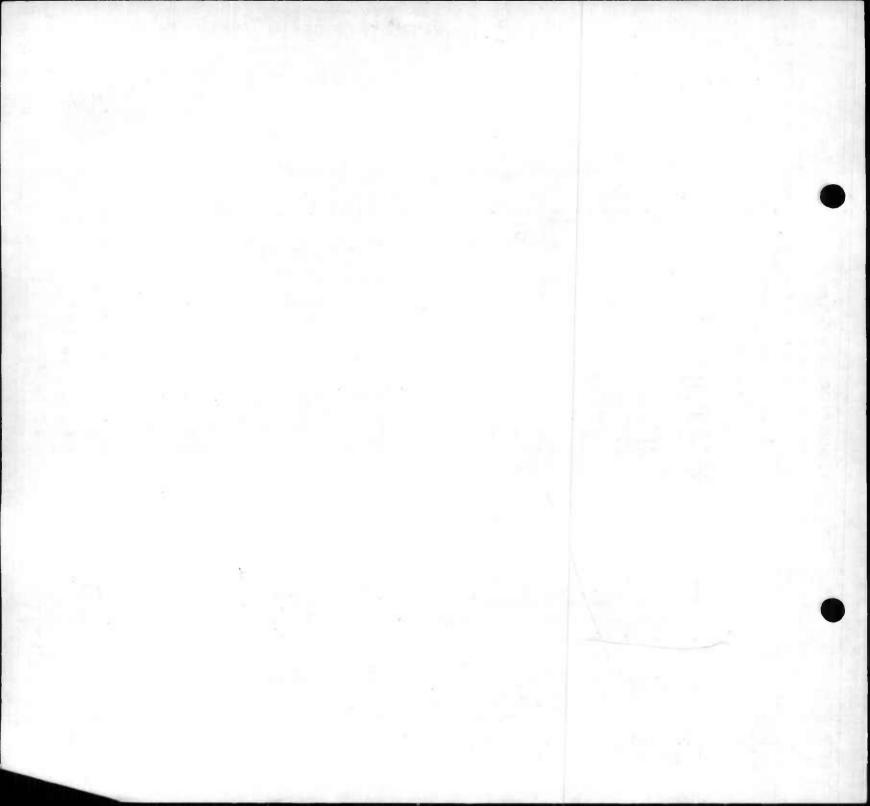
BALTIMORE	CITY	HEALTH	DEPARTMENT

BIRTH NO. M.E. CASE NO.	66	4150	CERTIFICA	TE OF DEATH	Registered Na,	6 (14150
1. NAME OF DECE	ASED			2. DATE	AND HOUR OF DEATH	
Trype of FRAN	Nelson	W. Guter	cmuth		4- 22-196	6
3. PLACE OF DEA	TH IN BALTIMORE, MAI			A. STATE B. COI		nstitution: residence before admission
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a oddress or location		ve street		outside city limits, write	RURAL ond give lownship)
	5934 Kavon	Arrana	4.6	Baltimore D. STREET ADDRESS	(If rural, give location)	
00	5954 Navon	Avenue /	10		Avenue 2120	
Male	6. RACE White		DIVORCED (specily)	13-190/s	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Hr. Months Doys Hours Min.
IOA, USUAL OCCU	PATION (Give kind of work rorking lile, even if retired)			11. BIRTHPLACE (Stote or fo		12. CITIZEN OF WHAT COUNTRY?
	hier	Nationa	al Brewing Co			U.S.A.
13. FATHERS NAM	l E			14. MOTHER'S MAIDEN N	IAME	
		les Gute			Mathilda	Harman
	Ever in U. S. Armed Ford (If yes, give wor or dote:		6. SOCIAL SECURITY NO. 216-07-3086	17. INFORMANT	t 000 1	
18.	77.37.		CAUSE O	Mrs Stella Gu	termuth 5934	INTERVAL BETWEEN
heart failure, injury or com A DISEASES Orise to the	of meen the mode of osthenio, etc. If meens plicotion which coused with the country of the count	the disease, death.)	(B) DUE TO (C) ATE	alitis) maligni	3 ys
ONDERLING	CONDITION 10st.		1	9	<u> </u>	
E TO THE DE	II FICANT CONDITIONS CO EATH BUT NOT RELA CONDITION CAUSING IT	TED TO THE				
	OPERATION 198. CONI	OITION FOR W	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)			or obout 21 C. WHERE DID INJURY OCCUR?	(If in Boltimor	re City, give exact location)
21 D. TIME OF INJURY (A PPROX.)	(Month) (Doy) (Year)	(Hour) 21 E. While Work		21F. HOW DID 1	NJURY OCCUR?	
that (I) (we)	fram the causes stat	d alive an	(We) (did) (did nat) v	iew the bady after death		inion death accurred an the da 238. DIATE SIGNED 1 -22-66
23C. PHYSICIAI NAME (Ty RICH	ÅRD R. RIGI	ÆR	M.D.	23D. ADDRESS 1 W. OVERLEA	AVE. CITY	_6
24A. BURIAL CREA REMOVAL (S Buria	pecify)		kwood Cemeter		Baltimore, Co	City, town, or county) (Stote)
APR 2		25B. NAME OF		DSC FUNERAL DIRECT	or	ADDREST
/S 150-REV. 1/1/6				The solution of	THE MAN MAN	1401 121



pital and of death the Such (4) Undetermined cause; (5) Deceased uo hospital eath. ance contributing cause 0 attend 10 prior occurred is made regular deceased death disposition = the direct or SD.M the assistant if death 0 kind; or final attendance any pronounced Also, embalmed fracture of the chief medical examiner examiner. regular who are 4 3 = physician the remains burns; physician was Body the 0 before by (7) ere the body was released to the hospital ° any nature; why by be obtained 9 approved (except ; and An accident of death) hospital must certificate must 0 written approval 0 prior to D.O. A. shows: (1) eceased MOS 70

BALTIMORE CITY HEALTH DEPARTMENT / Registered No. 🗅 BIRTH NO. RTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) Hudzik Benjamir - 21-3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location C. CITY OR TOWN (If outside city limits, write RURAL and give township) HE & P. To Battimore D. STREET ADDRESS Woodhaven 70 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months Doys If Under 24 Hrs. Hours WIDQWED, DIVORCED (specify) lost birthdoyl Male 11-16-88 W Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Germany Refired. MOTHER'S MAIDEN NAME John Hudzi 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 1231 No -10-449 RING INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart lailure, asthenia, etc. It meons the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21°C. WHERE DID home, form, foctory, street, office btdg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examined) MEDIC (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX) Work At Work 22. I certify that (A (this hospital))attended the deceased from that (I)((we))last saw the deceased alive on and that in (my) ((aur) pplnion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23 B, DATE SIGNED Attending Mad. Stoff M.D. Phys. Director 23D. ADDRESS 23 C. PHYSICIAN'S NAME (Type) M.D. 24A. BURIAL CREMATION. 24D. LOCATION REMOVAL (Specify) 4-25-66 KOSHRY APR 25 19 258 NAME OF REGISTRAR 25C. EUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/65

66 04	152 BALTIMORE CIT	Y HEALTH DEPARTMENT	CC DASED
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH Registered N	0.66 114152
NAME OF DECEASED	with the C.	2. DATE AND HOUR OF DEA	815 P
B. PLACE OF DEATH IN BALTIMONE MA	MILAND	4. USUAL RESIDENCE (Where decreased lived. A. STATE B. COUNTY	If institution: residence before admissi
FULL NAME OF (If not in hospital of oddress or location INSTITUTION	or institution, give street)	C. CITY OR TOWN (If outside city limits, wi	ite RURAL and give fownship)
South Baltimore G	reneral Hoseital	D. STREET ADDRESS (If rorol, give location)	
SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In yeors lost birthday)	If Under 1 YI, If Under 24 F Months Doys Hours Min.
F W	Widow	Dec. 28, 87 78	
OA. USUAL OCCUPATION (Give kind of work lone during most of working tite, even if retired) Housework	108. KIND OF BUSINESS OR INDUSTR	Balto. Md	12. CITIZEN OF WHAT COUNTRY? USA
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Bradley	7	Clara Petty	
5. Was Deceased Ever in U. S. Armed Ford	es? 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	JECOMIII IV.	Mr. Vernon Reddish	105 E. Fort "ve
18. 422, /1	CAUSE	DF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
LEADING TO DEATH	IA) CG	REBRIEL LASCLUM ACCIO	KH GHRS
(This does not mean the made of heart foilure, asthenia, etc. It means	dying, e.g., DUE TO		
injuly at camplication which coused	death.)	behnotin-Lobak	CILKKULL
ANTECEDENT CAUSES	DUE TO	1	0 61
DISEASES OR CONDITIONS, if		15CUD	LS TYRS
UNDERLYING CONDITION last.			/
OTHER SIGNIFICANT CONDITIONS C. TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE TILLIAM	cution han putumos	CILKLOLL
19A. DATE OF OPERATION 19B. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 208. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH Inotity medical examines)	21B. PLACE OF INJURY le.g., home, foim, foctory, street, etc.)	in or obout 21 C. WHERE DID III in Bolin ffice bldg., NJURY OCCUR?	more City, give exact location)
21D. TIME Month) (Doy) (Year) OF INJURY (APPROX.)	Hour) 21E. INJURY OCCURRED While At Not Wh Work At Work		
22. I certify that (1) (this hospital	attended the deceased from	4/2//66 1966 to_	1/7// 19 60
that (1) (we) last saw the decease	d alive an 4/2(/		ppinian death accurred on the d
and haur and fram the causes stat	4 6		
23A. SIGNATURE		view the body effet decim	23B, DATE SIGNED
8 171-00	M.D. At	tending Med. Stoff Phys.	4-71-66
23C. PHYSICIAN'S		23D. ADDRESS	1 2,
NAME (Type)	M.D.		
REMOVAL (Specify) 248. DATE	24C. NAME of CEMETERY or CI	EMATORY 24D. LOCATION	(City, town, or county) (State)
Burial 4 25 6	The state of the s	Balto. Md.	
ADD 9 5 1000 0	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS

futh but more several map the continue fart it is CERCETAIN MACHINE HELDER Prechopin-Luther Com HSCOO 25 B DEHYDRATICS RALLATIONS GLEGOLD

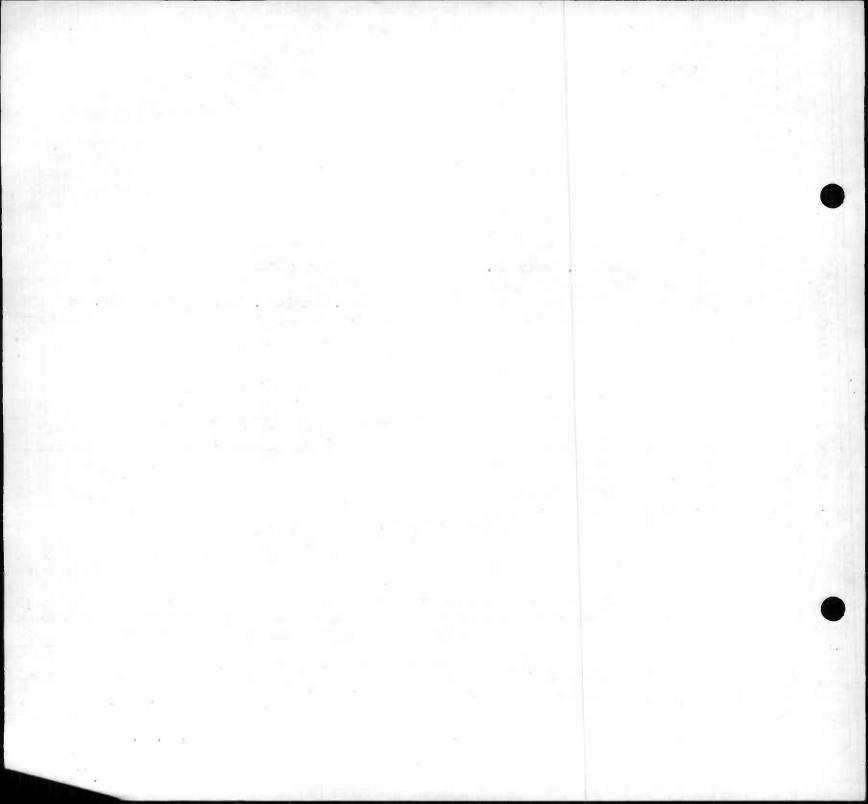
the of death Such Deceased E O hospital eath. ance Undetermined cause; (5) cause attend 0 0 = prior contributing occurred in regular mad deceased disposition deat 0 Mas the 4 death no kind; or final attendance any pronounced or his A SO, embalmed of fracture the chief medical examiner regular who are 4 ල physician the remains medical burns; No physician was Body the 0 before to the hospital by where nature; obtained 9 approved (except and any of death) hospital the body was released must shows: (1) An accident must 9 written approval 8 prior at D.O.A. deceased Mas

BALTIMORE CITY HEALTH DEPARTMENT 66 04 153 Registered No BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type of Print)

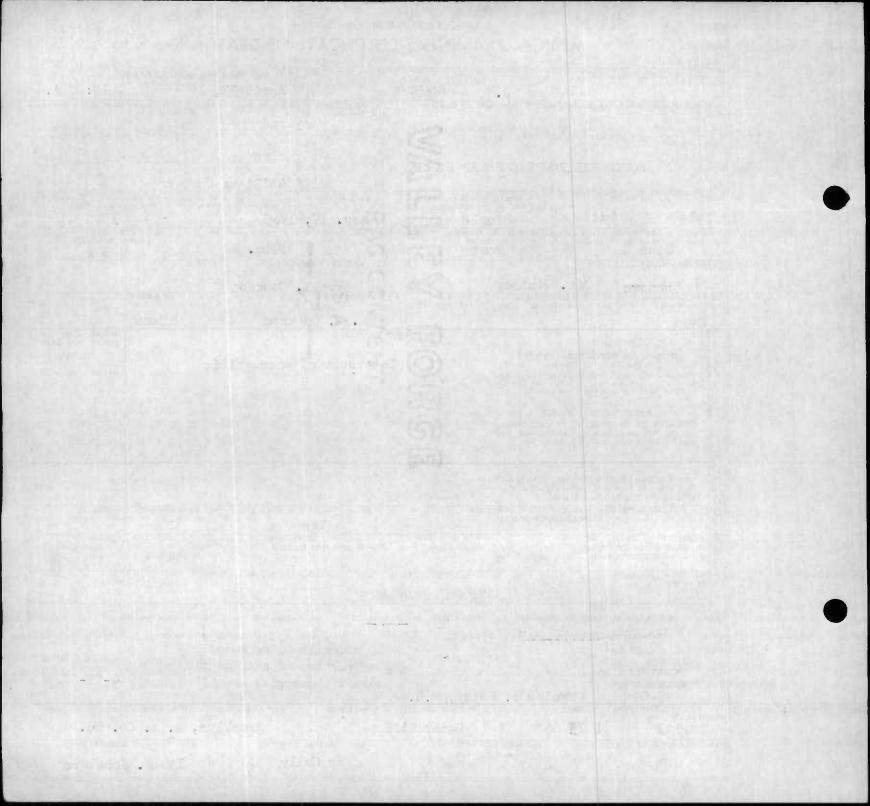
ALOWARD W. LANTZ

3. PRACE OF DEATH IN BALTIMORE, MARYLAND 66 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) (If outside city limits, write RURAL FRANKLIN STUARE HOSPITAL 1225 WILLIAMS 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. If Und Months Days Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 454 BALTIMORE MO Railroad Storeman 4. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Hirsch Howard W. Lantz Sr. 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Mrs. Lottie M. Lantz 1225 William St 214 01 8748 No CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, astheria, etc. Il means the disease, injury at camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING 20 CONTRIBUTING CAUSE OF 21 CAUSE OF 22 CAUS OF 22 CAUSE OF 2 4-20-66 MAKBINAL ULCOR 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work april 22. I certify that (1) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive an April 1966 and that in(my) (aur) apinlan death accurred on the date and have and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Med. Stoff Phys. Director Phys. 23 C. PHYSICIAN'S 23 D. ADDRESS NAME (Type) WICFREDO FRANKLIN SAU ARE REMOVAL (Specify) Glen Burnie, A. A. Co Md Burial Glen Haven 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS

Mc Cully 130 1



BIRT	H NO 28549	MEDIC	AL EX	AMINER'S CI	ERTIFICATE	OF DEATH R	gistered No	114154
_	L CASE NO.							
1. (Ty	NAME OF DECEASED	CARLOS	J.	COOKSON		April 22, 19		10:00 A.
3. F	LACE IN BALTIMORE, MA	RYLAND, WHE	_			(Where deceased lived.		10
FLU	L NAME OF (IF NOT	IN HOSPITAL	OR INSTITU	TION, GIVE STREET	Mary1	and		
HO		S OR LOCATIO		non, or a street		f outside corporate limits	, write RURAL	and give township)
		BALTIMOR	E GENE	RAL HOSPITAL	Balti D. STREET ADDRESS		-	
好					1304	Williams Str	eet	
5. \$				NEVER MARRIED DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In lost birthday	years If Unde Months	or 1 Yr. If Under 24 Hi
	Male Whi			gle	Nov. 19, 1		5	3
	USUAL OCCUPATION (Give during most of working life, ev		B. KIND OF			or foreign country) alto. Md		AT COUNTRY?
13.	NONO		NO	II.e	14. MOTHER'S MAIDEN			USA
		To a Tri						
	WAS DECEASED EVER IN		ORCES?	16. SO CIAL	Joyce A.	Cookson	ADDRES	S
(Yes	, no or unknown) (If yes, give	war ar dotes o	l service)	SECURITY NO.	30F A G 1		0	
_	No 18.			CALLER	Wm. A. Cook	son	Same	I INTERVAL RETWEEN
-	5201	1		CAUSE	OF DEATH			ONSET AND DEATH
	DISEASE OR CON LEADING	DITION DIRECTO DEATH	CTLY	I	nterstitial p	neumonitis		
	(This does not meon the	e mode of dy	ring, e.g.,	DUE TO				
	injury or complication wh	ich coused dec	th.)					
1	ANTECENDE			(8)				
	DISEASES OR CONDIT	AUSE (A) STAT	GIVING	DUE TO	•••••			
7	UNDERLYING CONDIT	ION LAST.		(C)				
5		ı						
ERTIFICATION	OTHER SIGNIFICANT CO	ONDITIONS CO						
TIFI	DISEASE OR CONDITIO	N CAUSING IT		******************			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	• • • • • • • • • • • • • • • •
CER	19A, DATE OF OPERATION	WAS PERFOR		VHICH OPERATION	Yes	IN CERTIFYING	CAUSES OF DI	
₹ S	21 A. EXTERNAL CAUSE W	AS	21 B. F	farm, foctory, street, o	in or obout 21 C. WHERE	DID (II in Baltimare C	ity, give exact I	(ocotion)
EDIC	UTING CAUSE OF DEAT		etc.)	idin, locidly, sheet, o	mee dag, med okt occ	.ok:		
Σ	21D TIME (Month) (Day) (Yeor)	(Hour) 21	E. INJURY OCCURRED	21F. HOW D	ID INJURY OCCUR?		
	(APPROX.)		m. W	HILE AT NOT YORK AT W	WHILE ORK			
	22. I certify that I h	eld on Inqu	olry 🗌	Inspection Aut	opsy X and that	on this basis, deat	h in my opinio	n
	resulted from:					Undetermined:		
-						AL EXAMINER		
H	ACTUAL	1) bou	lus 1	clle M.D.	ASSISTANT MEDIC			DATE SIGNED
	SIGNATURE			M. D.	ASSOCIATE MEDIC			4-22-66
	NAME (Type)			etty, M.D.				
REA	AOVAL (Specily)	3B, DATE	230	NAME OF CEMETERY O		23D. LOCATION	(City, town, or	
	Burial	1 23 66		Cedar Hill		Brooklyn,	A. A. C	o. Md.
244	. DATE REC'D BY HEALTH	_	- 4	OF REGISTRAR	24C. FUNERAL DI		-	ADDRESS
	APR 25 198	6 P.D.	BEN	Farley MA	Mc Cull	У	130 E.	Fort Ave



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

A-452 00 1410	BALTIMORE CITY	Y HEALTH DEPARTMENT	00 1011117 14
BIRTH NO.	CERTIFICA	TE OF DEATH Registered	N60 TISTE 081
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)	1.	2. DATE AND HOUL OF DE	EATH 30
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	Ilman Armai	4. USUAL RESIDENCE (Where deceased lived	If institution; residence before admission)
FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION	tion, give street	C. CITY OR TOWN (If autside city limits,	mite RURAL and give tawnship)
Baltimore City Hospitals		D. STREET ADDRESS (If jurol, give lacotia) = 0 / / (n)
4940 Eastern Avenue		PT 2	
	RIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. , If Under 24 His.
	ivorced (specify)	4 17 89 tast birthdoyl	Months Days Hours Min.
dane during most at warking life, even if retired)		11. BIKINFLACE (Store of foleign country)	WHAT COUNTRY?
MECHANIC- RET, SEL	F EMPLOYED	Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Joshus ARMACOST		Lida Miller	
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (If yes, give war ai dates of seiv	ice) SECURITY NO.	17. INFORMANT 4940 Ea	stern Ave DDRESS
NO NONE			re, Maryland 21224
18. / 48 X I	CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		- 1 + T -	4
(This does not meen the made of dying,	e.g., DUE TO	A O Me ITROO	1 1/23
heart failure, asthenio, etc. It means the dis- injury or camplication which caused death.)		1	1
ANTECEDENT CAUSES	(B)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
DISEASES OR CONDITIONS, if any, a		20-1	
rise to the obove cause (A) stating UNDERLYING CONDITION tost.			
Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING O THE		
	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, V	VERE FINDINGS CONSIDERED CAUSES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examinet)	21B. PLACE OF INJURY (e.g., hame, faim, factory, street, etc.)	in a about 2 C. WHERE DID (If in Ba	himate City, give exoct location)
Q 21D. TIME (Month) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.)	While At Wark Wark Nat While At Wark		,
22. I certify that (I) (this hospital) attend	led the deceased from	10/19 19 65 10	4/19 1966
that (M (we) last saw the deceased alive			opinion death accurred on the date
and hour and from the causes stated abou			
234_SIGNATURE	(1)	view ind dody ener doding	23B, DATE SIGNED
Jana Jana	M.D. AH	tending Med. Staff ys. Director Phys.	4/19/66
23C. PHYSICIAN'S	en a	23D. ADDRESS	
D. E. Gaster	land M.D.	Baltimore City Hospitals	3.
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	AGAO Eastern Ave - Ball	(City, lawn, or county) (State)
REMOVAL (Specify) ADI 49 1941	DIVE EPAUE	CENETERY DAYIII. F.	DUTE OR IAM
25A, DATE REC'D BY HEALTH DEPT. 258, NA	ME OF REGISTRAR	25CFUNERAL DIRECTOR	ADDRESS
256.14	4 4 4 3	John Burner Land	Tousan Wid
VS 150-REV. 177/63 1955	S, Williams	Chan Kround House	(nonell'inter i

PERSONAL SERVICE SERVI

pital and of death Deceased hospital eath. ance (4) Undetermined cause; (5) Cause D attend 0 O = prior contributing occurred regular deceased death E OL MOS the the direct assistant if death ПО kind; attendance any pronounced or his Also, embalmed of fracture the chief medical examiner examiner. regular who 4 3 physician MOS medical burns; No physician Body the 0 by 3 where the body was released to the hospital nature; 6 9 approved (except and

any

of hospital must

must

certificate

shows: (1) An accident

death);

10

prior

eceased

70

0

to

D.O.A.

MOS

written approval

on the h. Such

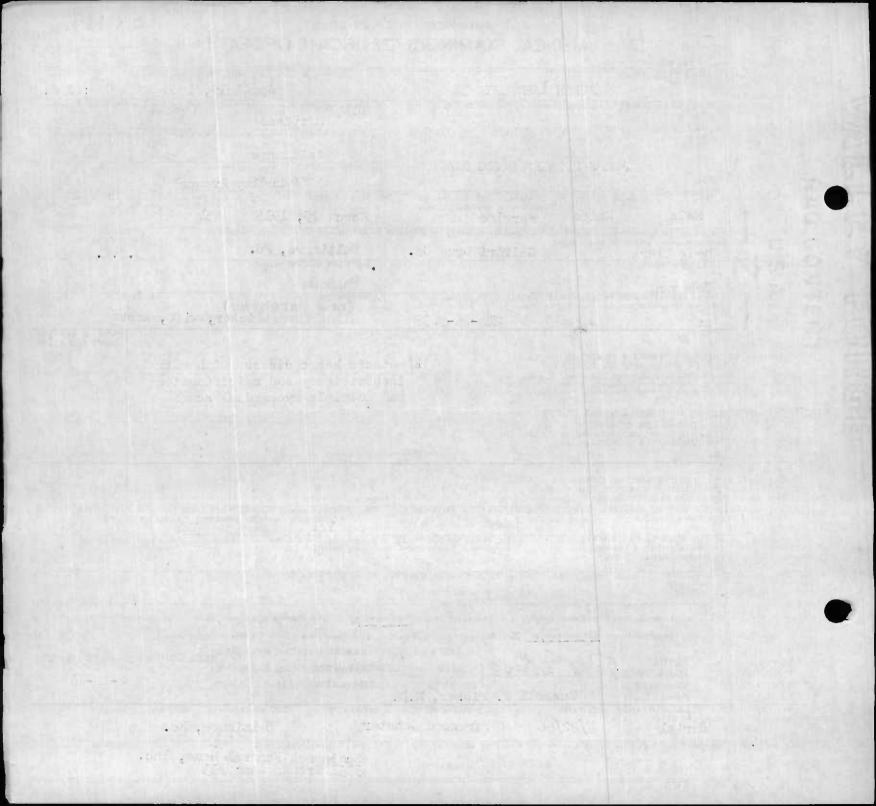
BALTIMORE CITY HEALTH DEPARTMENT Registered Na (_ BIRTH NO. 04156 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 966 (Type or Print) 3 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased STATE B. COUNTY lived. If institution: residence before admission) Maryland FULL NAME OF (If not in hospital ar institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) 36 Baltomore D. STREET ADDRESS (If rurol, give location) AUR disposition is made. 1e 5. SEX If Under 24 His. 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy) Married tOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Charles Noveltice service mechanic USA 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Peter Butler 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO. 216-12-8700 WW TI 0 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES the remains are DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 125 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location) home, form, loctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical exominer) etc.) be obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 25 20

22. I certify that (1) (this hospital) attended the deceased fram Marc h April that (1) (we) last saw the deceased alive an April 20 and hour and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Stoll Director Phy s. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS M.D 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote)

19. 6. and that in(my) (aur) apinian death accurred on the date 4/25/66 Gardens of Faith Cemetery Baltimore, Md. Burial 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 3331 Brehms Lane #13 5 VS 150-REV. 1/1/65

THE AMERICAN mayland galbroom 36 University Hospital 115 Sipple Are #36 W morried 1/17/23 43 service mechanic charies how they tod Emmis Novates Peter Parker I ww say Ac-te ryclogenous technic street as as spell ac to April 20 66 want to the deficil 5260014

BIR	H NO.	00.4	MEDI	CAL EXAMINER'S C	ERTIFICAT	TE OF	DEATH Registe	ered No.
M.I	CASE NO.							
1.	NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Ту	pe or Print)	J	JESSE I	BARNSTRICKER			ril 19, 196	
3. F	LACE IN BAL	TIMORE MAR	YLAND, WH	ERE PRONOUNCED DEAD	4. USUAL RESID	EN CE (Where	deceased lived. If ins	titution: residence before admiss
						aryland	8, 000	51411
FUI	L NAME OF	(IF NOT I	OR LOCAT	L OR INSTITUTION, GIVE STREET			e corporate limits, writ	e RURAL and give township)
	TITUTION	ADDRESS	OK LOCA			altimor		2603
		JOHNS	HOPKI	NS HOSPITAL	D. STREET ADDE			
3	3						ley Avenue	
5. 5		6. RACE		7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr, If Under 24
	Male	Whi	ite	widowed, divorced(specify) Married	March 2	9, 1919	lost birthday	Months Doys Hours M
				OR KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE	State or foreig	n country)	12. CITIZEN OF
		working life, eve	n if refired)	Calvert Drug Co.	Baltim	ore, Mo		WHAT COUNTRY?
13	Drug Cle	M.E.		Sarver o Zrug Goo	14. MOTHER'S M.			U.S.A.
1 3.	ATTIER 3 ITA							
	Unknown				Unknow	m.		
15.	WAS DECEAS	ED EVER IN U			17. INFORMANT	1.11	\	ADDRESS
(Tes	, no or unknow	n) (If yes, give	war or dates		(nee	Wareh	ime)	shows
	no			214-05-5639	Hilda	Barnsti	rickér, wife	e, above
	18. 4/	OX:		CAUSE	OF DEATH			INTERVAL BETWEE
	DISEA	ASE OR CONE	DITION DIR	ECTLY				
		LEADING T					ase with mi	
	heart failure	not mean the	mode of	the disease. DUE TO in	sufficienc	cy and	calcification	on
	injury or co	omplication which	ch coused d		d multiple	mvoca	rdial scars	
		ANTECENDEN	IT CALISES		- moletpa		Luzuz Douro	
		OR CONDITI		(B)				
	RISE TO TE	HE ABOVE CA	USE (A) ST					
	UNDERLY	ING CONDITION	ON LAST.	(6)				ATTENDED
ő				(0)				
E		11						
0				CONTRIBUTING ATED TO THE				
E		OR CONDITION						
CERTIFICATION	19A. DATE O	F OPERATION		TITION FOR WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20 B. IF YES, WERE FI	INDINGS CONSIDERED
O	21		WAS PERF	ORMED	Yes		IN CERTIFYING CAU	ISES OF DEATH?
4	21A. EXTERNA	AL CAUSE WA	\S	218 PLACE OF INJURY (e.g.				ive exact (acation)
0	UNDERLYING	OR CONTRIB	-	21 B. PLACE OF INJURY (e.g., home, form, foctory, street,	office bldg., INJURY	OCCUR?	oo,c o,t,, g	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
0	UTING	USE OF DEATH	1.	etc.)				
Σ	21D TIME	(Month) (D	loy) (Yeor)	(Hour) 21E. INJURY OCCURRED	21 F. HC	OW DID INJ	JRY O CCUR?	
	OF INJURY (APPROX.)			WHILE AT NOT	WHILE			
				m. WORK AT W	ORK			
	22. I ce	rtify that I he	old on In	quiry Inspection Au	topsy 🗴 one	that on th	is bosis, death in	my opinion
	rasu	Ited from: N	oturol can	ses Accident Suicid	Homici	de l	Indetermined mann	
	1630	Tree from E	ordror cad	and and an				
	ACTUA		210/0				AMINER 🔀	DATE SIGNED
	SIGNAT		11/2	wer 40	ASSISTANT MI	EDICAL EX	CAMINER	
	EXAMI				ASSOCIATE M			4-19-66
	NAME		Russ	ell S. Fisher, M.D.				
23A	. BURIAL CR	EMATION, 23	B. DATE	23C. NAME of CEMETERY	OF CREMATORY	23D. L	OCATION (City	, town, or county) (State)
REA	AOVAL (Speci	fy)	4/22/6	6 Parkwood Ceme	eterv	Ro	ltimore, Md	
	Burial			Tarkwood Jeme		De	TOTHOLE, MA	•
24/	. DATE REC'E	BY HEALTH	DEPT.	248, NAME OF REGISTRAR		AL DIRECTOR		ADDRESS
	ALID O	E 1000	000	0 I.D. 40	Schimu	nek Fur	eral Home,	inc.
	APR 2	0 1300 (1600	E. FarbeyMa	3331 B	rehms L	ane #13	
VS	151-REV. 1/1					100		



IMPORTANT FUNERAL DIRECTOR:

(4) Undetermined cause; (5) Deceased prior contributing disposition is made. regular Was death 0 kind; or final attendance any pronounced embalmed of fracture the chief medical examiner regular must be obtained before the remains are physician physician was 3 where to the hospital °N nature; 9 (except and any of death) hospital the body was released accident 0 written approval 0 prior a shows: (1) eceased D.0. Was

Such

eath.

O

9

0

ance

1. N

FULL NAME OF

HOSPITAL OR

INSTITUTION

hospital and of death

COUSE

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 66 114

4:05

1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH		
(Type or Print) ROSE FLOCK	S APRIL 21, 1966	4:05	AN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: It	esidence before	edmission)

3. PI

(If not in hospital er institution, give street

3532 WHITE CHAPEL ROAD

94158

B. COUNT A. STATE MARYLAND (If outside city limits, write RURAL

3532 WHITE CHAPEL ROAD D. STREET ADDRESS

251.00					
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yeers lest birthdey)	If Under 1 Yr. If Under 24 Hrs Months: Deys Heurs Min.
FEMALE	WHITE	WIDOWED		87	
		108, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote e	er fereign country)	12. CITIZEN OF WHAT COUNTRY?
done during mest	of working life, even if retired)				WHAT COUNTRY?
НО	USEWIFE	AT HOME	RUSSIA		USA
13. FATHER'S N	AME		14. MOTHER'S MAIDEN	NAME	

JOSEPH BLACKMAN 15. Was Deceased Ever in U. S. Armed Forces

6. SOCIAL SECURITY NO.

VELLA 17. INFORMANT

ADDRESS

(Yes, no at unknown) (If yes, give war or dates of service) MRS. AARON FREEMAN 3532 WHITE CHAPEL ROAD

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Avtenes clert u Ht Disease	ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	B) Ca of Colon	3300
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	C)	
II.		

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes er Ne) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID hame, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined

MEDICAL 21 E. INJURY OCCURRED (Month) (Day) (Year) (Hour) 21 F. HOW DID INJURY OCCUR? OF INJURY Not While [While At (APPROX.) Werk At Work

22. I certify that (1) (this hespital) attended the deceased from that (I) (we) last saw the deceased alive an and that In(my) (our) apinion death accurred an the date

and haur and from the causes stated above (1) (We) (did) (did not) view the bady after death,

23A, SIGNATURE	All		23B, DATE SIGNED	
M. ()	Muling!	M.D. Attending Med. Stoff Phys.	APRIL 21, 1966	

Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type)

M.D. 2500 EUTAW PLACE

BALTIMORE, MARYLAND

ANSHE EMUNAH (AITZ CHAIM) BURIAL 4/24/66 25A. DATE REC'D 258. NAME OF REGISTRAR

SOL LEVINSON & BROS. INC. 6010 REISTERSTOWNRD

(State)

VS 150-REV. 1/1/65

24A. BURIAL CREMATION,

REMOVAL (Specify)

VS 150-REV. 1/1/65

1	BALTIMORE CIT	Y HEALTH DEPARTMENT
	IRTH NO. 66 14159 CERTIFICA	ATE OF DEATH Registered No. 4159
1, i (Ty	PLACE OF DEATH IN BALTIMORE MARYLAND	2. DATE AND HOUR OF DEATH 1966/1:08/A.M. 14. USUAL RESIDENCE (Where deceased lived, Il institution; residence before admission)
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	A. STATE B. COUNTY C. CITY OR TOWN (If outside city limits, write RURAL and give township)
6 3	CHURCH HOME GISPITAL	D. STREET ADDRESS (If Turo), give location) 2 20 4 E. BALTIMONE ST
5.	MALE 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH 9. AGE (in years II Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min. 72
0 do	DA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRI one during most of working life, even if retired) THILD R RETIRED	Y 11. BIRTHPLACE (State or foreign country) PUSS 1A 12. CITIZEN OF WHAT COUNTRY?
spo	HUMAN LOUIS MILLER	14. MOTHER'S MAIDEN NAME
D 15.	5. Was Deceased Ever in U. S. Armed Forces? es, no ar unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT + SISTER RAE MILLER
d or fi	TOUSTAGE OF CONDITION DIRECTLY	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
balme	(This does not mean the made of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	UTE PULHONARY EDEMA
E	00510	TELEOSCUEROTIE HEALT DISESSE
0	DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the (C)UNDERLYING CONDITION lost.	
remains	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
e the	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
- 9	OR CONTRIBUTING CAUSE OF home, form, foctory, street, etc.)	in or about 21C. WHERE DID (II in Baltimore City, give exact location) office bldg., INJURY OCCUR?
ained	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) White At Not White At Work At Work	21F. HOW DID INJURY OCCUR?
obt	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an APRIL	APRIL 2/ 19 66 to APRIL 2/ 1966, 24 19 66 and that in (my) (aur) apinian death accurred an the date
must be	and haur and fram the causes stated above. (I) (We) (did) (dld nat)	
	My a. Fal W.D. A.	Itending Med. Stoff Phys. 23B. DATE SIGNED
24 25	MAKUANO A TO LENTIND M.D	EHURER HIME + HOSPITAL
D 24	AA. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY	REMATORY 24D. LOCATION (City, town, or county) (Stote) IR ROSEDALE, MARYLAND
25 25	APR 25 1966 Registrar	SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN

RD

KATHER BASELER

MAKALAMP

BALTIMORE

BHUREH HOME HESPITAL 2204 & BALTIMORE ST

14 14

TRILOR RETIRED RUSSIA LISA

HYMAN LOWIS MILLER LEAH GNYDER

EARRY + SISTER

ROUTE PHENDEARY ETENA

HETEROPS BLEEROTT & HETELT DESIGN

10 15 112 PM 60 112 21 60

her to Tul- w 25/10/16 MERAND A. TO LOW TIND CANDER MINES - HOST IL

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		100	BALTIMORE CITY	HEALTH DEPARTMENT		66 04160	
	th No. 66 114	150	CERTIFICA	TE OF DEATH	Registered No	00 1.1100	
1.1	E CASE NO.	00	\	2. DATE AN	D HOUR OF DEATH		
	Dora	Jott	e		4/20/66	7 A M.	
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		A. STATE B. COUN	TY /	tution: residence before odmission)	
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION			C. CITY OR TOWN (If outside city limits, write RURAL and give township)			
1	++			D. STREET ADDRESS (If ruiol, give locotion)			
	Onion Memorial Hosp			2519 Brook of , old AVE BRANKFIELD			
5.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) FEMALE WHITE SINGLE				9. AGE (In years lost birthdoy)	If Under 1 Yı, If Under 24 Hrs. Nonths Doys Hours Min.	
	10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)			11. BIRTHPLACE ASTOLE OF FOREIGN		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHERS NAME	SEC	CRETARY	14. MOTHERS MAIDEN NAM		USA	
'3'		1		Q /	TOP		
15	Was Deceased Ever in U. S. Armed Fo		1 6. SOCIAL	DJd/E	Jotte	ADDRESS	
(Ye	s, no or unknown) (If yes, give wor or dote	es of service)	SECURITY NO.	MRS. LENA COHEN	901 LAKE D	RIVE APT C2 #17	
	18. 4. 22 / 1		CAUSE OF	DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DI	RECTLY			1 - 2 11 -		
	(This does not mean the made of		(A) DUE TO		A3010	6 2005	
	heart foilure, asthenio, etc. It means injury or complication which caused						
	ANTECEDENT CAUSES	5	(B)	• • • • • • • • • • • • • • • • • • •	0.000000000000000000000000000000000000	••••••••••••	
	DISEASES OR CONDITIONS, if ony, giving rise to the obave couse (A) stoling the (C)UNDERLYING CONDITION last.						
	11						
ATION	Z CTIVE CONFIGNAT CONFIGNACION CONTRIBUTING						
ERTIFICATIO	19A. DATE OF OPERATION 198. CON		HICH OPERATION	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE FIN	IDINGS CONSIDERED ES OF DEATH?	
CAL CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. home etc.)	PLACE OF INJURY (e.g., in e, form, foctory, street, of	or obout 21C. WHERE DID	(If in Boltimore C	City, give exact location)	
0	21D. TIME (Month) (Doy) (Year) OF INJURY		INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX)		e At Not While				
	22. I certify that (1) (this hospita	I) attended th	e deceased from	4/19 1	9 6 6 10	4/20 1966.	
	that (I) (we) last saw the deceas		. /	19 6 c and the	ot in(my) (aur) aplni	an death accurred an the date	
	and hour and fram the causes sta	ted abave. (I)	(We) (did) (d id not) v	iew the bady after death.			
	23A. SIGNATURE		M.D. Atte	nding Med.	Stoff 2	4/20/66	
	Asudoor	Fran	tie Phys	Director	Phys.	7/20/00	
	NAME HUDSON FES	CHE es - /	M.D.	UNION M	EMORIAL H	OSPITAL	
24	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CRE	MATORY 24D. LC	CATION (City,	town, or county) (Stole)	
	BURIAL 4/22/0	66 HEBI	REW FRIENDSHIP	BA	LTIMORE, MAR	YLAND	
25	APR 25 1966 P.C.	25B. NAME O		SOL LEVINSON	BROS. INC.	ADDRESS 6010 DET terstown	
VS	150-REV, 1/1/65				7 -1. 7	AND VET	

TITIES IN CITY

)

313 14

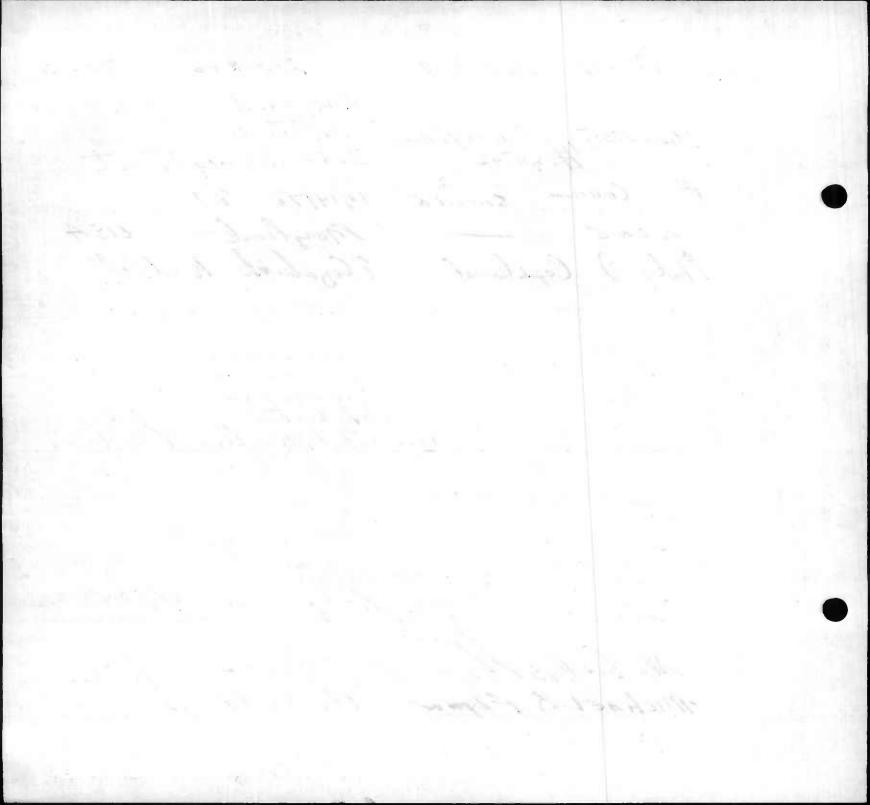
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	MORE CITY HEALTH DEPARTMENT 66 04161				
MRTH NO. 66 04161 CER	TIFICATE OF DEATH Registered No.				
M.E. CASE NO.	2. DATE AND HOUR OF DEATH				
Type DR. Leuben Steinbach	4/20/66 8 2				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decoosed lived. If institution: rosidonce, before admission)				
	A. STATE P. COUNTY				
FULL NAME OF (If not in hospital or institution, give street oddross or location)	C. CITY ON YOWN " The side City "mils, write RURAL stud by de township)				
INSTITUTION	Baltimore 15-10				
March Haspila	D. STREET ADDRESS - (If rural, give location)				
2) 000000 1100-1100	3900 Chetham Kood				
5. SEX 6. RACE 7. MARRIED, NEVER MAR	RIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. (specify) Manths; Days Hours Min.				
MALE WHITE SINGLE	1-24-97 69				
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS Of done during most of working life, even if retired)	R INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
PHD	BALTIMORE, MARYLAND USA				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
ABRAHAM W. STEINBACH	SARAH GOLDIE WOLF?				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknown)(If yes, give war ar dates of service) SECURIT	17. INFORMANT ADDREST DANK I VAL				
NO (SECURITY NO	RABBI ALEX A. STEINBACH 2310 AVE R NEW YORK				
18. 4 5 7) //	CAUSE OF DEATH INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH				
LEADING TO DEATH	A Acute M. I (Myocardis 40 min				
(This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease,	DUE TO (
injury or complication which caused death.)					
ANTECEDENT CAUSES	B)				
DISEASES OR CONDITIONS, if any, giving					
rise to the above cause (A) stating the UNDERLYING CONDITION last.	(c)				
II a	t it is a to perfect 1				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING PRINTING Size to perforder of the DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER.	ANON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
U 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF II	NJURY (e.g., in or about 21 C. WHERE DID (If in Baltimore City, give exact lacotion)				
	rry, street, affice bldg., INJURY OCCUR?				
21 D. TIME (Manth) (Day) (Year) (Hayr) 21E INJURY OC	CHARED 215 HOW DID IN HILL OCCUPY				
S OF INJURY	CURRED 21F. HOW DID INJURY OCCUR?				
(APPROX.) Work At Work					
22, I certify that (I) (this hospital) attended the deceased from 46 1906 to 1906,					
that (I) (we) last saw the deceased alive an	19 and that In(my) (our) apinion death accurred an the date				
and havr and fram the couses stated above. (1) (We) (did)	(dld nat) view the bady after death.				
23A. SIGNATURE	23B. DATE SIGNED				
Wille Aslee	M.D. Attending Med. Staff Phys. C - 20/16				
23 C. PHYSICIAN'S NAME (Type)	23D. ADDRESS				
	M.D. SINAI HOSPITAL				
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMI	ETERY of CREMATORY 24D. LOCATION (City, lown, or county) (State)				
	LITIMORE LODGE BALTIMORE, MARYLAND				
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR					
APR 25 1968 O 0 4 0 3 0 4	SOL LEVINSON & BROS. INC. 6010 REISTERSTOWN				
VS 150-REV. 1/1/65	RD				

The state of the s - Control ALLEN A PARTY A WE AND THE PERSON OF THE PERSO

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

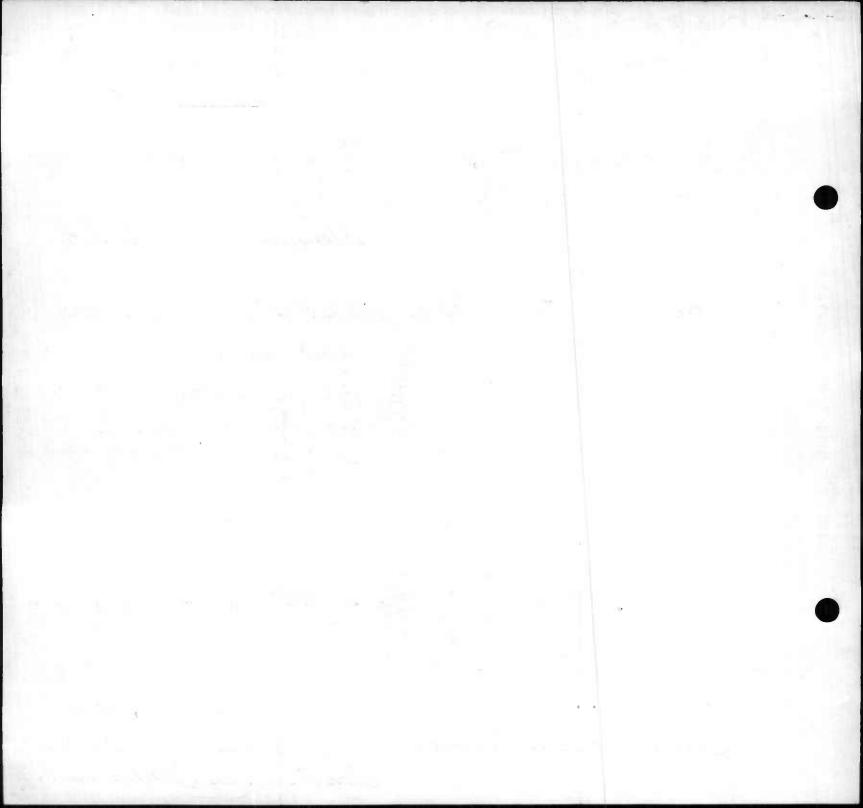
		BALTIMORE CITY	HEALTH DEPARTMENT				
BIRTH NO.	66 8	4162 CERTIFICA	TE OF DEATH	Registered No.	14169		
M.E. CASE NO.				ID HOUR OF DEATH	74406		
(Type er Print)	MAUR	COSTANIA	24 A	PAR 66	750 00 11		
3. PLACE OF DE	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	re decessed lived. If in	stitution: residence before admission)		
			A. STATE B. COUN	ITY	2005		
HOSPITAL OR	OF (If net in hespital oddress er lecotier	or institution, give street	C. CITY OF TOWN CIII out	taida situ limita unita l	J-0-0-5		
INSTITUTION	111. 7	FMARYLAND	Bulling	iside city mails, write i	tokat end give lewiship)		
Uni	VERSILY	D. STREET ADDRESS _ilf rurel, give lecetion)					
38	18 HospiTHL			2652 Dalancy Street			
5. SEX	CALL CLOS	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)		9. AGE (In feers lest birthdey)	Menths Doys Hours Min.		
		TOR KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or ferei	gn country)	12. CITIZEN OF		
	werking lile, even if retired)		Mr. P.	1	WHAT COUNTRY?		
13. FATHERS NA			14. MOTHER'S MAIDEN NAM	ME	434		
131-1	- n a	0	00 11	1 1. 1	000		
FRIKE	o U Co	peland	Canadet.	h nel	ddef		
(Yes, no or unknewn	Ever in U. S. Armed For	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
NO	NONE	NONE	MRS. STRES	ich. GL	En BURNIE. Md		
18. H	0.01	CAUSE O			INTERVAL BETWEEN		
DISEA	SE OR CONDITION DIE	RECTLY	1 - ,		ONSET AND DEATH		
	LEADING TO DEATH	(A)	RTERIOSCLON	eosis			
	nal mean the made of asthenia, etc. It means		locucnal.		•		
	nplicalian which caused		1. 1				
	ANTECEDENT CAUSES	(B)	my vulle	1000			
DISEASES C	OR CONDITIONS, if		We ho dry ten		1/ 1		
	e abave cause (A)	slating the (C)	j	-			
UNDERLYING	G CONDITION last.	min	ichel flere	ulluc 11	monton		
Z OTHER SIGNI	II	ONTRIBUTING					
P TO THE D	FICANT CONDITIONS C	TED TO THE					
	CONDITION CAUSING I		20A. AUTOPSY? (Yes or No	20B IF YES WERE	FINDINGS CONSDERED		
19A. DATE OF	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			IN CERTIFYING CA	USES OF DEATH?		
U 21A. ACCIDE	NT WAS UNDERLYING	218. PLACE OF INJURY (e.g., i	n er ebout 21 C. WHERE DID	(II in Baltimere	City, give exoct locetien)		
OR CONTRIBE	UTING CAUSE OF	heme, lerm, factary, street, e	ffice bldg., INJURY OCCUR?				
U							
OF INJURY	(Menth) (Dey) (Yeer)	(Hour) 21E, INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?			
(APPROX)		While At Work At Work			/ /		
22. L certify	that ff) (this hasnital) ottended the deceased from	9/23.	19 /0/ 10 6	1/24 1066		
	Tost sow the deceose	// /		17 66 10	17		
		1. (6.		of in (my) (ourse opi	nion deoth occurred on the dote		
		red obove. (1) (We) (did) (did not)	riew the body ofter deoth.				
23A. SIGNATU	/ /	1111 445 411	ending Med.	Stolf -	23 B. DATE SIGNED		
14	a hunt	15 / Leg M.D. Att. Phy	med. Director	Steff Phy s.	4/24/66		
	23C. PHYSICIAN'S NAMS (Type)						
-11/10	MICHAELD FLYNNMD. UMU- (A)						
24A. BURIAL CRE	MATION, 24B. DATE	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	OCATION (Ci	ty, tewn, er ceunty) (Stete)		
REMOVAL	/ /	61 Mt 101:	+	2. ~	11-1		
BUPLA 25A. DATE REC'D		25B. NAME OF REGISTRAR		A-LIHORE	MA - ADDRESS		
L MAN TO		R. C. Str. Canala	25C. FUNERAL BIRECTOR	HE HUNEARD	Home The		
APK	25 1966 (12.0)	NO C' MENNON	Francis W. 49	neller 2101	Frederick age		
VS 150-REV, 1/1/	65						



approval D.O.A. deceased parities ap the body shows:

Was

AA. If Under 24 Hrs. and that in (my) (aur) apinian death accurred an the date 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specily) 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C-EUNERAL DIRECTOR 5 VS 150-REV. 1/1/65



IMPORTANT

FUNERAL DIRECTOR:

Such

attendance on the

1		HEALTH DEPARTMENT					
	H No. 66 04164 CERTIFICA	TE OF DEATH Registered No. 15 14164	<u> </u>				
M.	E. CASE NO.	2. DATE AND HOUR OF DEATH					
(Ту	pe or Print) JOHN JACKSON		DO P				
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before, STATE B. COUNTY	re admission				
	FULL NAME OF (If not in haspital at institution, give street HOSPITAL OR oddress at location)	MARTLAND 173					
	INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give towns	hip)				
	BALTIMORE CITY HOSPITAL	D. STREET ADDRESS (If rural, give lacotion)					
	4940 Eastern Avenue	885 N. HOWARD					
5.	Beltimore, Maryland 21224 SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr If L	Under 24 Hr				
	Male White NEVER MARRIED?	10-4-16 last binhday Manths Days Have	rs Min.				
	N. USUAL OCCUPATION (Give kind al wark 10B, KIND OF BUSINESS OR INDUSTRY to during most al working lile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTR	Y?				
	Supervisor Building	Balto. Md. USA					
13,	FATHERS NAME	14. MOTHER'S MAIDEN NAME					
	Unknown Adams	Veronica Paplauskas					
15. (Ye	Was Deceased Ever in U. S. Armed Farces? s,no or unknawn) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	Baltimore City Hospitals					
0	UKNOWN	HOSPITAL CHART 4940 Eastern Ave.					
	18. PS () CAUSE O	F DEATH Balto. Md. INTERVAL B	ETWEEN				
	DISEASE OR CONDITION DIRECTLY		i				
	LEADING TO DEATH (This does not moon the mode of dying, e.g., DUE TO	EUMONIA / W	UK,				
	heart failure, asthenia, etc. It means the disease,						
	injuly of complication which coused death.)	YOTROHIC LATERAL 8ma	-				
	DUE TO	SCLEROSIS					
	DISEASES OR CONDITIONS, if ony, giving tise to the obove couse (A) stating the (C)	•					
	UNDERLYING CONDITION lost.						
O N	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE						
AT	DISEASE OR CONDITION CAUSING IT.	120 A ALIFERDAYA (W. MI-W. OOR AR MAG ALIFE AND AND AREA AND AND AND AREA AND AND AND AREA AND AND AND AREA AND AND AND AND AREA AND AND AND AND AREA AND AND AND AREA AND AND AND AND AND AND AND AND AND AN					
TIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERE IN CERTIFYING CAUSES OF DEATH?	.D				
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i or CONTRIBUTING CAUSE OF hame, form, foctory, street, o	n or obout 21 C. WHERE DID (If in Boltimore City, give exact lacat	tion)				
AL	OR CONTRIBUTING CAUSE OF hame, farm, factory, street, o etc.)	fice bldg., INJURY OCCUR?					
EDIC	21D. TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?					
2	(APPROX.) While At Wark At Wark						
			10 66				
	22. I certify that (1) (this hospital) attended the deceased from 11-5-9 1965 to 4-19 1966						
	that (1) (we) lost saw the deceased alive on 4-19 ond that in (my) (our) opinion death occurred on the do and hour and from the couses stated above (1) (We) (did) (did not) view the body ofter death.						
	23A. SIGNATURE	23B. DATE SIGNED					
	2. 0	ending Med. Stoff A	1				
	23C. PHYSICIAN'S	s. Director Phys. 7	100				
	WILLIAM T. MCLEAN JR, M.D.	BALTIMORE AVE Balto Md. 21	224				
24	A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CR		(State)				
	REMOVAL (Specify) Burial 4 22 66 Glen Haven	Glen Burnie, A. A. Co. Md					
1.1	DILLEGI HE CE OU GIENTIO VEIL	Carrie Donating and the contract					

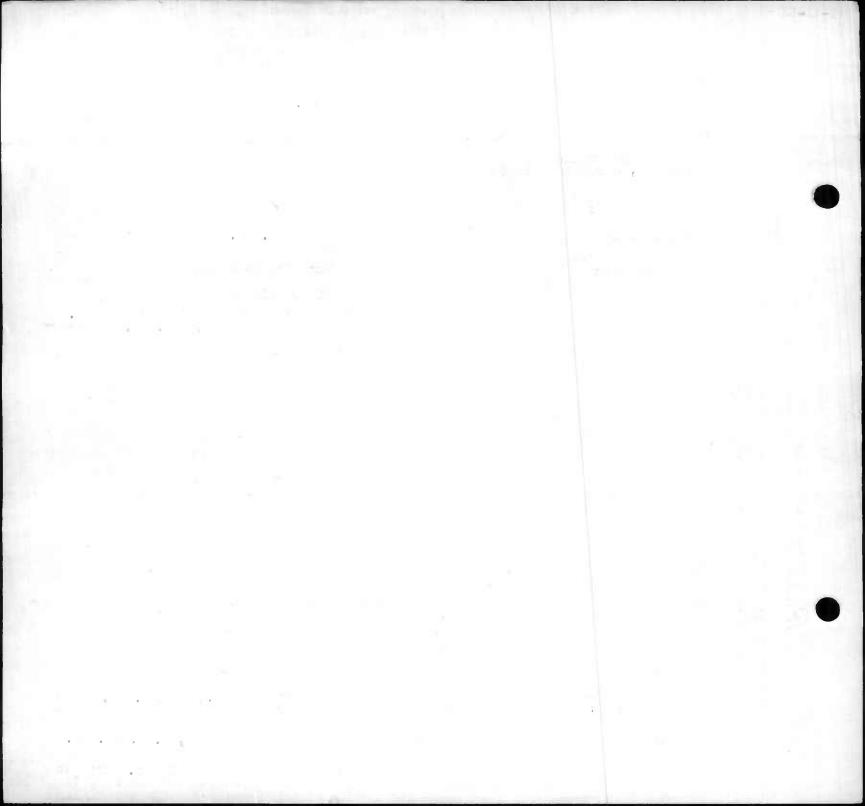
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased the deceased prior to death. This certificate must be approved by the chief medical examiner or his assistant if death occurred in was in regular was D.O.A. at a hospital (except where the physician who pronounced death deceased prior to death); and (6) No physician was in regular attendance on written approval must be obtained before the remains are embalmed or final di

25C. FUNERAL DIRECTOR ADDRESS

25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR

Mc Cully

130 E. Fort



pital and of death Deceased

hospital

uo

attendance

regular

death.

0

prior

deceased

the

00

attendance

gular

4

Was

physician

death)

prior to

deceased

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)

VS 150-REV. 1/1/65

8

to

was D.O.A.

Registered No. 66 (14165) BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. 66 04165 M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) April 21, 1966 Daniel T. Brichetto 4. USUAL RESIDENCE (Where deceased lived, II institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Md. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddiess of location) C. CITY OR TOWN (If oulside city limits, write RURAL and give lownship) Baltimore Sinai Hosp. D. STREET ADDRESS (If tural, give location) 3038 Oakford Ave. made 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yi. WIDOWED, DIVORCED (specify) Months Doys June 10, 1888 Male White Never Married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State of foreign country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) Balto.City Fire Dept. Philadelphia, Penna, Firefighter 14. MOTHER'S MAIDEN NAME Paul Brichetto Laura Cuneo 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (II yes, give war or dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final Mary Carioti, 3038 Oakford Ave. W # 1 Yes CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH avenova (This does not mean the mode at dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death,) em ANTECEDENT CAUSES Gre DISEASES OR CONDITIONS, il ony, giving to the obove cause (A) stating the the remains UNDERLYING CONDITION last. ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No) 19 A. DAZE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? en cap fore 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) MEDIC obtained 21D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While (APPROX.) At Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) lost saw the deceased alive on and that in(my) (aur) apinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending X Med. Director April 23, 1966 approval 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Joseph Shear, M.D. 6715 Park Heights Ave.

24C. NAME OF CEMETERY OF CREMATORY Cathedral Cemetery

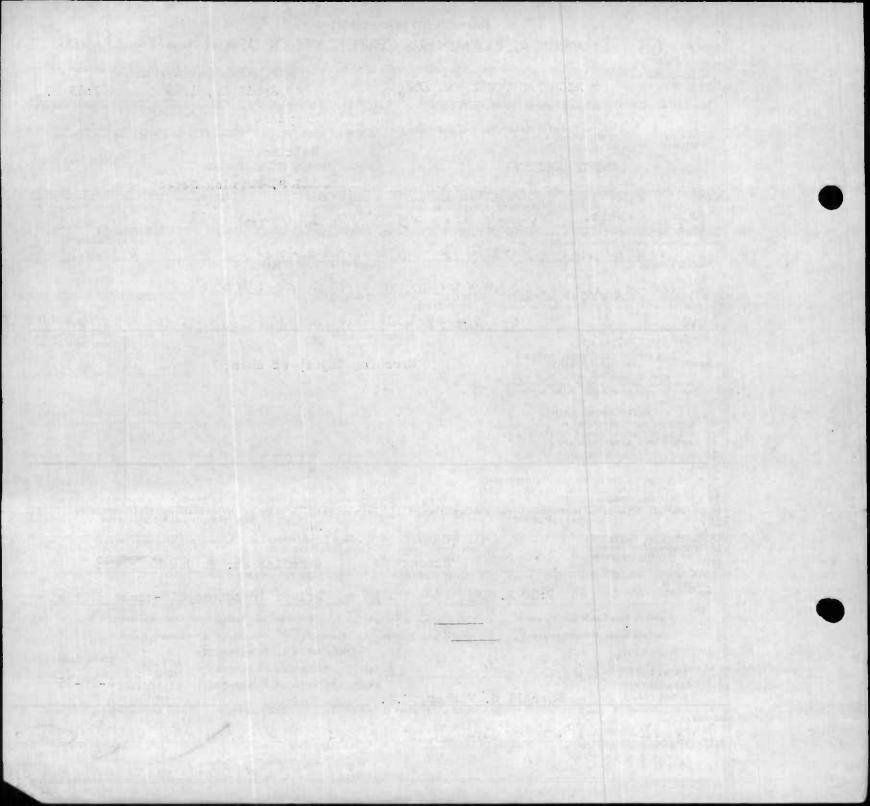
24D. LOCATION (City, lown, or county)

Baltimore, Md.

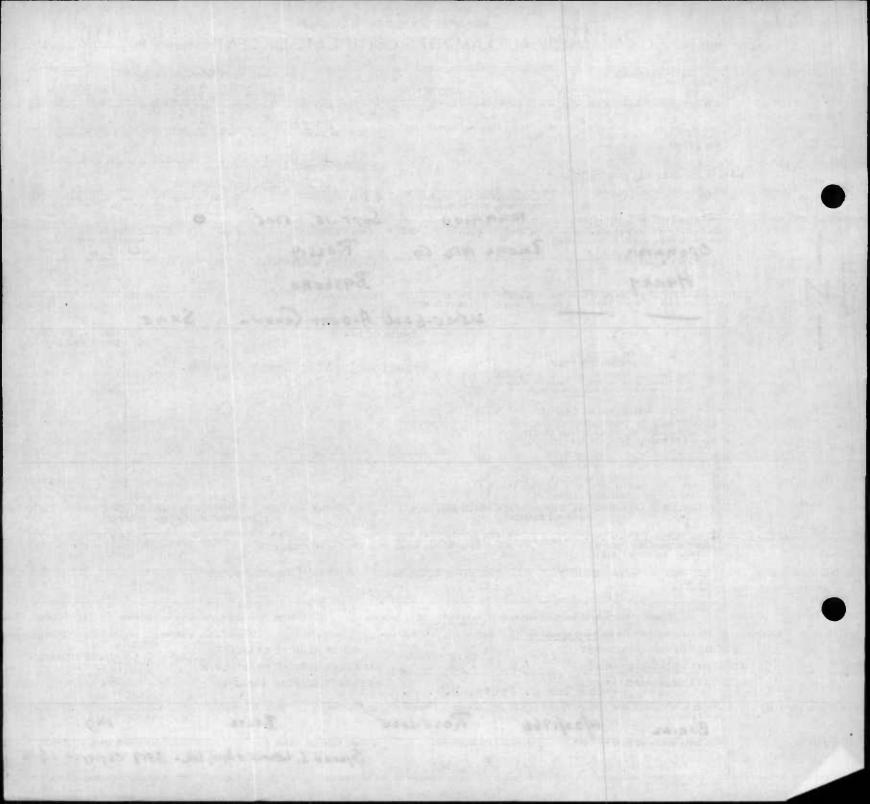
259 FUNERAL DIRECTOR 4611 Park Heights Ave.

THE AMERICAN CONTRACTOR OF THE PARTY OF THE and the same and the same The particular of the second o The ball of the control of the contr

		6 04 LIMED	DICAL EXAMINER'S	CERTIFICATE OF DEATH Registe	66 Na. 04166		
1. 8	NAME OF DE		OT AC MOORI CANO TO	2. DATE AND HOUR PRONOUNCE			
			OLAS VOGELSANG TRANSPORTED PRONOUNCED DEAD	April 18, 1966	1010		
				A. STATE Maryland B. COL	INTY		
HO	L NAME OF	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN (If outside corporate limits, write	RURAL and give township)		
		MER CY HO	TATTQ2	Baltimore	14-00		
		MERCI HO	OI TIME	D. STREET ADDRESS (If rurol, give locotion) 317 S. Parrish Stre	et		
5. \$	EX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Doys: Hours, Min.		
	Male	White	NEVER MARRIED	SEPT. 27-1946 19	The state of the s		
		UPATION (Give kind of wo working life, even if retired	ork TOB. KIND OF BUSINESS OR INDUSTI	Y 11. BRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	AREHO		PAPER (D.	MARY LAND	7 S.A.		
	NICHO	1.45 7 V	GELSANG SR.	MAF F DUNN			
		ED EVER IN U.S. ARME	D FORCES? 16, SO CIAL	17. INFORMANT	ADDRESS		
	NO	with year, give wer or de	214-44-3620	NICHOLAS VOGELSANGS	P 317 8. PARRISH.		
	1B.	7/5/1/	CAUS	E OF DEATH	INTERVAL BETWEEN ONSET AND DEATH		
	DISEA	ASE OR CONDITION DEAT	ORECTLY Cru	shing injury of chest			
	heart failure	not mean the mode of	of dying, e.g., DUE TO				
	injury or complication which coused death.)						
ATION	DISEASES RISE TO TH UNDERLYI	ANTECENDENT CAU: OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST II SNIFICANT CONDITION	ANY, GIVING DUE TO STATING THE (C)				
CERTIFIC,	TO THE	DEATH BUT NOT R	ELATED TO THE				
CE	()		NOTION FOR WHICH OPERATION	NO 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI			
O	UNDERLYING	AL CAUSE WAS MOR CONTRIB- USE OF DEATH.	218, PLACE OF INJURY (e.g., home, form, foctory, street, etc.) Street	in or obout 21C. WHERE DID (If in Boltimore City, gi office bldg., INJURY OCCUR? Caroline St. at Gou			
Σ	21D TIME OF INJURY	(Month) (Doy) (Ye			gii bileet		
	(APPROX.)	4 18 66	7:30 Pm. WHILE AT NOT	WHILE Driver in motorcycle	e-truck collision		
	22. I cei	rtify that I held an	Inquiry Inspection X Au	and that an this basis, death in m	ny apinian		
	resu	Ited fram: Natural c	auses Accident X Sulci	de 🗌 Hamicide 🗌 Undetermined mann	er 🗌		
	ACTUA	. 01	60	CHIEF MEDICAL EXAMINER	DATE SIGNED		
	SIGNAT	TURE //	Tuker M.	, ASSISTANT MEDICAL EXAMINER	4-19-66		
	EXAMII NAME (ussell S. Fisher, M.I	ASSOCIATE MEDICAL EXAMINER	4-19-00		
	BURIAL CRI	EMATION, 238, DATE	23C. NAME OF CEMETERY		town, or county) (Stote)		
	321P /A	L ARR.	22-1966 BALTIMORE	NATIONAL BALTHAOR	E, MARY LAND		
	APR	25 1966 0	Bet E. Starley MA	WALTERS FUNERAL F	TOME STRICKERS		
VS	151-REV. 1/1.	165 \ 86	2.2		- Long		

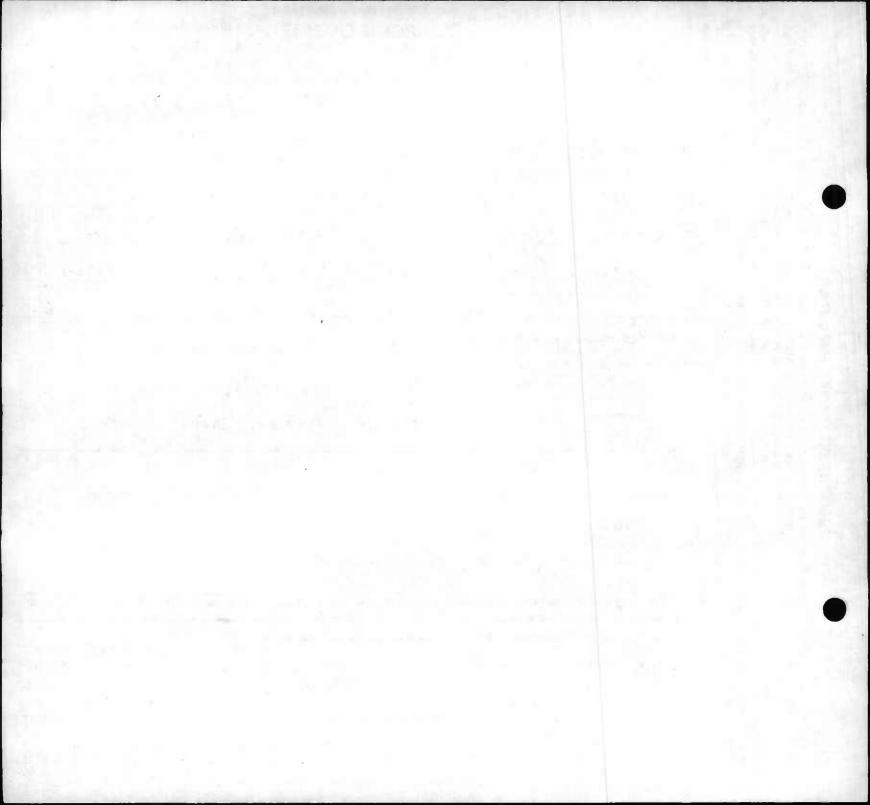


VS 151-REV. 1/1/65

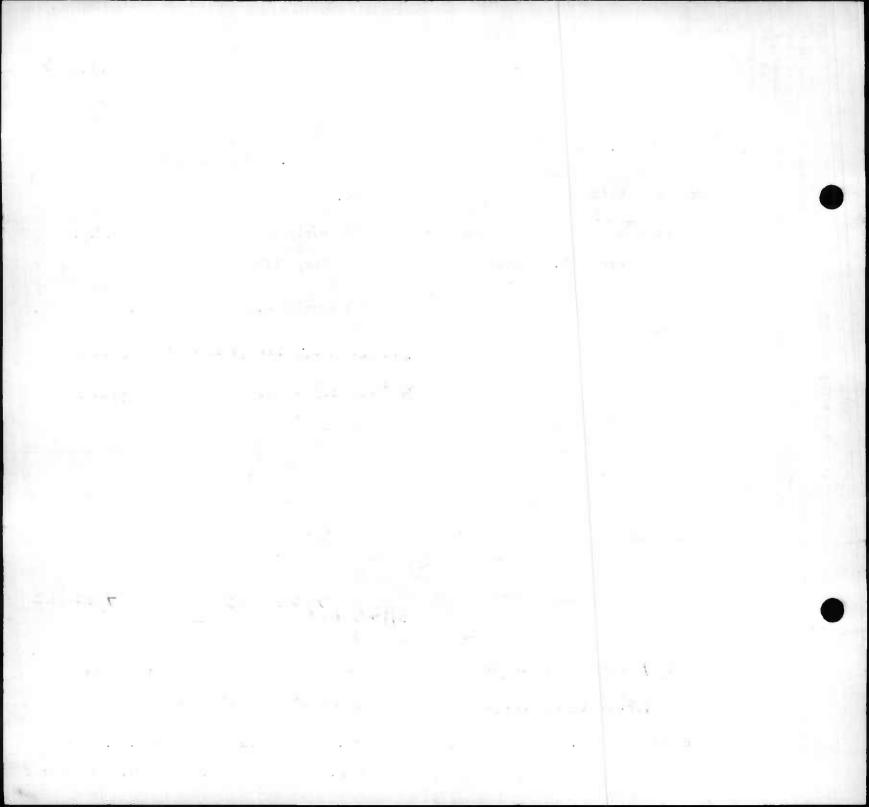


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the IMPORTANT FUNERAL DIRECTOR:

	66 0416	8	HEALTH DEPARTMENT			
	H NO.	CERTIFICA	TE OF DEATH	Registered No.	56 04 168	
1. N	AME OF DECEASED OF PRINTING COMBS-1	1 FRANK		1-1966	1:30 P. M	
3. P	LACE OF BEATH IN BALTIMORE, MARYLAND	Jar N. T. V.			institution: rosidenco beforo admission)	
F	FULL NAME OF (If not in hospital or institut 40SPITAL OR address or location) NSTITUTION	tion, give street	A. STATE B. COUNT	ST. M/3 sido city limits, write		
	MERCY H	OSPITAL	D. STREET ADDRESS (III	torwid	68-00	
1	1101/01	771.		RaL		
5. S	WID	RIED, NEVER MARRIED OWED, DIVORCED (specify) BRRIED		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
	USUAL OCCUPATION (Give kind of work 108, KIN		11. BIRTHPLACE (Stote or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?	
		IM OWNER	MARYLZ	Wd	USA.	
13.	FATHERS NAME JOSEPH COM	bs - (dec)	ALICE W	hecler	(de-e)	
15. Yes	Wos Deceased Ever in U. S. Armed Forcos? s,no or unknown) (If yes, givo war or datos of serv	ice) SECURITY NO.	17. INFORMANT		ADDRESS	
	· de	220 22 1580	MRS. IRVING H	EWITT - (allaway Md.	
	DISEASE OF CONDITION DIRECTLY	0.1002	. DEM.		ONSET AND DEATH	
	LEADING TO DEATH	(A) M,	ASSIVE PULMO	NARY INFA	ARCHON	
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dis				t.	
	injuly at camplication which caused death,)	RIGH	Y PULMONANY	ARTERY !	EMBOLISM	
	ANTECEDENT CAUSES	DUE TO				
	DISEASES OR CONDITIONS, if any, g rise to the above cause (A) stating UNDERLYING CONDITION last.	the (C) LOWE	R EXTREMITIES	VENOUS	THROMBOSIS	
NOIT	OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.					
RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?					
CAL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examination)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	or obout 21C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)	
EDIG	21D. TIME (Month) (Doy) (Year) (Haur) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?		
2	(APPROX.)	While At Work Not While At Work	e			
	22. I certify that (this hospital) attended the deceased from 4-8- 1966 to 4-21- 1966,					
	that (*) (we) lost sow the deceased alive	on 4 - 21-	19 6 6 ond the	at in (pp) (our) op	pinion deoth accurred on the date	
	and hour ond from the causes stoted aba	ve. (M) (We) (did) (did port)	riew the body after death.			
	23A. SIGNATURE	0 ~			23B, DATE SIGNED	
	goseph volska	Phy		Stoff Phys.	4-21-1966	
	23C. PHYSICIAN'S NAME (Type) JOSEPH NOTARA	NGELO M.D.	23D. ADDRESS MER	CY HO	SPITAL	
24A	BURIAL CREMATION, 24B. DATE 2.	C. NAME of CEMETERY OF CR	EMATORY 24D. LC	OCATION (City, town, or county) (State)	
13	BURIOL 4-25-66	HOLY FACE	EMETERY 61	REATM	Tills Mt.	
25A	APR 2.5 1966 APR 2.58. NA	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	1.	ADDRESS / 79/	
Ve	150-REV. 1/1/65	Naubey M.A.	1.000	openion	2 - Glonardbrury 1/4	
+ 4	THE RESERVE OF THE PERSON OF T				/	



1 0		Y HEALTH DEPARTMENT	
	BIRTH NO. M.E. CASE NO. 66 ()4169 CERTIFICA	TE OF DEATH Registered No.	:4169
of death of death Deceased e on the ath. Such	1. NAME OF DECEASED (Type or Print) ROSALIA M. SHRIVER	2. DATE AND HOUR OF DEATH April 22, 1966	7:15 P M.
hospital ise of d (5) Dece ance on death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where docoosed lived. If institute A. STATE B. COUNTY Maryland	tion: residence before odmission)
a hosp cause se; (5) l endance to dea	FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddross or locotion) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURA Baltimore	AL and give township)
cau cau	0 141 W. Lanvale Street	D. STREET ADDRESS (If rurol, give locotion) 141 W. Lanvale Street	
ad ad ad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed Widowed	B. DATE OF BIRTH Nov. 8, 1885 9. AGE (In years lost birthdoy) Nov. 8, 1885	Under 1 Yr. If Under 24 Hrs.
det det	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired) HOUSEWIFE Own Home	Philadelphia, Penna	U.S.A.
de d	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0.b.A.
rec (4) × the spoots	Joseph M. Oliver	Mary Phillips	
kind; (death ce on nal dis	16. Wos Deceased Ever in U. S. Ammed Forces? 16. SOCIAL (Yes, no or unknown) (If yos, give wor or dotos of sorvice) SECURITY NO.	17. INFORMANT	ADDRESS
assistant if the di ny kind; d death ance on r final di	No Second No.	Miss Rosalia O.Shriver 141	W. Lanvale St. (17
	18. 3 3 / X 1 CAUSE C	DF DEATH	INTERVAL BETWEEN ONSET AND DEATH
den de	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	rebrovascular Accident	
orono ar at		Teriosclerosis	
A fra	ANTECEDENT CAUSES (B) (B) (DUE TO	1 6410 32100 0313	yezrs,
e x e x e x e x e x e x e x e x e x e x	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)UNDERLYING CONDITION last.	······································	
adica Jrns rsici was mai	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
by a mee 2) Body bure the phy physician fore the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED S OF DEATH?
== ====================================	OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	in or obout 21C. WHERE DID (II in Boltimore Cit office bldg., NJURY OCCUR?	ty, give exect lecetion)
bed be dispersion of the dispe	O 21 D. TIME (Month) (Doy) (Yoor) (Hour) 21 E. INJURY OCCURRED OF INJURY (APPROX.) While At Work At Work		
x x x	22. I certify that (I) (this haspital) attended the deceased fram		4/22,066
of a	that (1) (we) lost saw the deceased olive on	ond that in (my) (o w) apinian	
dent deat	23A. SIGNATURE		B. DATE SIGNED
ccide ccide a hos to d	9. Frank Supplee, Ju M.D. Ar	tonding Med. Stoff ys. Director Phys.	1/23/66
0 - 0 >	23C. PHYTICIAN'S NAME (Typo) M.D.	23D. ADDRESS 1020 St Paul St. Balt	2.
# (P P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CE		own, or county) (State)
	Burial Apr.25,66 Lorraine Par		to.Co. Maryland
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	ADDRESS
the show was dece	APR 25 1966 A C & C X C 40	Wm.Cook-Brooks, Inc. 1217	St. Paul Street



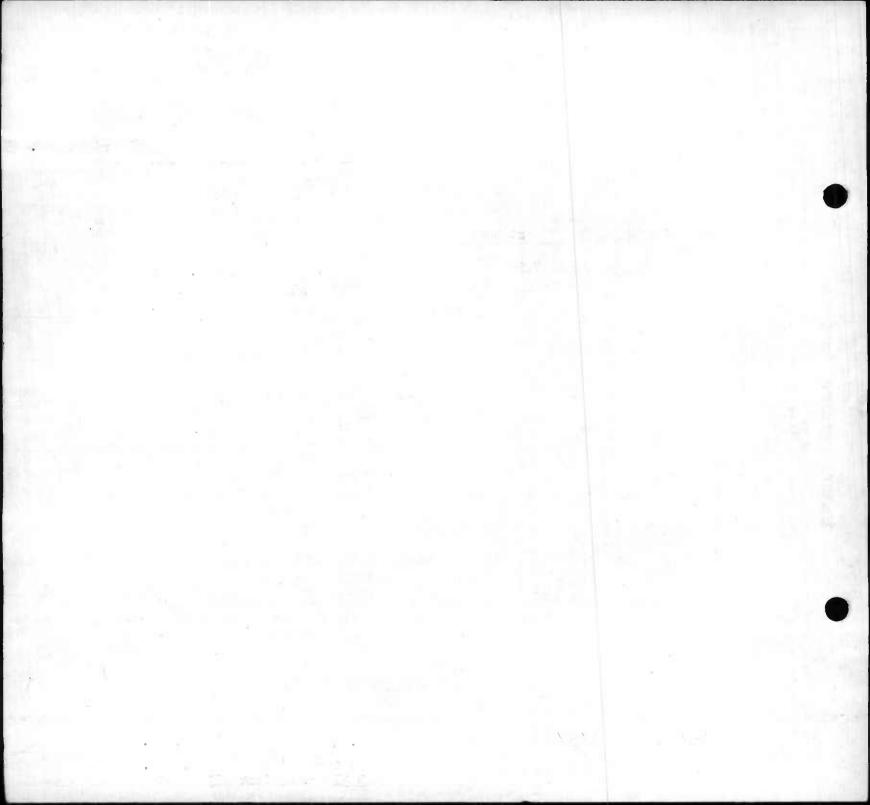
BIRTH NO.	MED	ICAL EX	XAMINER'S CI	ERTIFICATE	OF DEATH Regist	tered No	
M.E. CASE NO.	EASED			10.5	TE AND HOUR STONGLIN	CED DEAD	
(Type or Print)				2. DATE AND HOUR PRONOUNCED DEAD			
3 PLACE IN BALTI	WILLIAM MORE MARYLAND, V		GOURLES		April 21, 1966	6:55 A M. stitution: residence before admission)	
FULL NAME OF			UTION, GIVE STREET	A. STATE Maryla	and B. Co	DUNTY	
HOSPITAL OR	ADDRESS OR LOC	ATION)	OHON, GIVE SIKEEI	C. CITY OR TOWN (Il outside corporate limits, wr	ite RURAL and give township)	
5	D 01-			Baltin D. STREET ADDRESS		1.40	
405 N.	Paca Street			405 N	Paca Street		
5. SEX	6. RACE		, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.	
Male	White	M	DIVORCED(specify) arried	12/24/95	lost birthdays 70	Manths, Days, Hours, Min.	
	PATION (Give kind of wo tarking life, even if retired)	RIOS KIND O	F BUSINESS OR INDUSTRY	111. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
Jockey	Valet	Md. J	ockey Club	New York S		U.S.A.	
13. FATHER'S NAM	E			14. MOTHER'S MAIDEN	NAME		
	Unknown			Unkno	wn		
	O EVER IN U.S. ARME		16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
No			218-07-0025	Mrs. Mary G	Sourley 405 N.	Paca St. Balt. Md.	
1B. 14.0	2.1.		CAUSE	OF DEATH		INTERVAL BETWEEN	
DISEAS	E OR CONDITION D	IRECTLY				ONSET AND DEATH	
	LEADING TO DEAT	Н	(A) Arter:	iosclerotic (Cardiovascular	Disease.	
(This does n	ot meon the made a osthenia, etc. It mean	f dying, e.g., s the disease,	DUE TO				
injury or con	aplication which caused	death.)					
A	ANTECENDENT CAUSES						
	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO						
UNDERLYIN	G CONDITION LAST.		101				
0			(C)	**			
OTHER SIGN	II	CONTRIBUTI	NG				
TO THE	DEATH BUT NOT RE	ELATED TO					
	OPERATION 198 COI		WHICH OPERATION	20 A. AUTOPSY? (Yes	or No. 208. IF YES, WERE	FINDINGS CONSIDERED	
0		RFORMED		Yes	IN CERTIFYING CA	USES OF DEATH? Yes	
21A. EXTERNAL		218.	PLACE OF INJURY (e.g.,	in or obout 21C. WHERE	DID (If in Boltimore City,	give exact location)	
UTING CAUS		homefc.)	e, form, factory, street, a	Iffice bldg., INJURY OCC	CUR?		
N 21D TIME	(Month) (Day) (Yes	or) (Hour)	21E. INJURY OCCURRED	215 HOW D	ID INJURY OCCUR?		
OF INJURY	(Wionini) (Doy) (Tec				ID INJURI OCCUR:		
		m.	WHILE AT NOT W	ORK			
22. I certi	ify that I held an	Inquiry 🗌	InspectionAut	opsy X and that	an this basis, deoth in	my opinion	
result	ed from: Natural co	uses X	Accident Suicide	Homicide _	Undetermined man	ner 🗌	
		,	1/_	CHIEF MEDIC	AL EXAMINER	DATE COURS	
SIGNATU	1//	Carles	1 /cm 40	ASSISTANT MEDIC	AL EXAMINER X	DATE SIGNED	
EXAMIN	ED'S		0	ASSOCIATE MEDIC	patra .	4/21/66	
NAME (T	(ype) Charles	S. Pet	ty, M.D.				
23A, BURIAL CREA REMOVAL (Specify)			BC. NAME OF CEMETERY O			ly, town, or county) (Stote)	
Burial	4/25/6		Cardens of Fai			inty, Maryland	
24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNERAL DI		ADDRESS	
APR 2	5 1966 (20.	- PT 9 N	te bealt	Wm. Cook-	Brooks Inc. 12	17 St. Paul St timore, Md.	
VS 151-REV. 1/1/6	.5	113	2		рат	ozmore, ma	

Bulleting and the street of the last

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

4.5		Y HEALTH DEPARTMENT	THE BUTTON	Carlena		
BIRTH NO. M.E. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	6 04171		
1. NAME OF DECEASED Elizabeth	Angelo	2. DATE AN	Mil 21, 1960	61315 Am.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAN	ID /	4. USUAL RESIDENCE (Whee	deceased lived. If institut	ian: residence before admission)		
FULL NAME OF (If not in haspital or ins	titution, give street	C. CITY OR TOWN ! (II out	tside city limits, write RURA	l and aire township)		
Many Gund Almeral	RALTO	side City limits, write RORA	ce and give lawnship)			
Balk Mg.	7,000	D. STREET ADDRESS (III	rural give lacation)	O61 Wright Ave. #		
F Cau "	ARRIED, NEVER MARRIED IDOWED, DIVORGED (specify)	9/1/86	T9 Ma	Under 1 Yr. If Under 24 Hrs. Inths Days Hours Min.		
10A. USUAL OCCUPATION (Give kind of work 108, I done during most of working lile, even if refired)	IND OF BUSINESS OR INDUSTRY	Bay timore	gn country 12	CITIZEN OF WHAT COUNTRY?		
	at home	WARY/n	and	NSH		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE			
James Va:	LN 16. SOCIAL	17. INFORMANT	Ella E. Tarr	ADDRESS		
(Yes, na arunknawn) (If yes, give war or dates of s	security No.	Daughter.	Delines Man	un 1417 3° Al.		
18. 4 2 1	CAUSE	DE DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTL	Y	wind Deadi (alivana Di			
(This daes not mean the made of dying		occorrect the Co	Mac 90 . Var V-3	MRT TO BE SEE SEE SEE SEE SEE SEE SEE SEE SEE		
	hearl failure, asthenio, etc. It meons the disease, injury ar complication which coused deoth.)					
ANTECEDENT CAUSES	(B) DUE TO	revovousewon	· 1-2 - 2000	***************************************		
DISEASES OR CONDITIONS, if any, rise to the above cause (A) statistical UNDERLYING CONDITION lost,	0 0	Preummia	ર	Iday		
OTHER SIGNIFICANT CONDITIONS CONTE	IBUTING TO THE			0		
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FIND	INGS CONSIDERED OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	21B PLACE OF INJURY (e.g., home, farm, factory, street, etc.)	in ar about 21 C. WHERE DID iffice bldg., INJURY OCCUR?	(If in Baltimore City	y, give exact lacation)		
21D. TIME (Month) (Day) (Year) (Ho	ut 21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?			
(APPROX)	While At Nat Whi					
22. I certify that (I) (this hospital) atte	ended the deceased from	4/17	1966 to 4	121 1966.		
that (1) (we) last saw the deceased ali	ve an 4/2/	19 66 and the	at in (my) (our) opinion	death occurred on the date		
and have and from the causes stated a	,	view the bady after death.				
23A. SIGNATURE		P. AA.		DATE SIGNED		
Stenald / Ve	who MM.D. Att		Phys.	4-21-66		
23 C. PHYSICIAN'S NAME (Type)	M.D.	23D. ADDRESS				
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CR	EMATORY 24D. LC	OCATION (City, to	wn, ar county) (State)		
Burial 4/25/66	Dulaney Valley		Baltimore, Md			
	NAME OF REGISTRAR	Schimunek Fund	eral Home, Inc	ADDRESS		
VS 150-REV. 1/1/65		3331 Brehms L	ane #13			



eceased

D

0.0

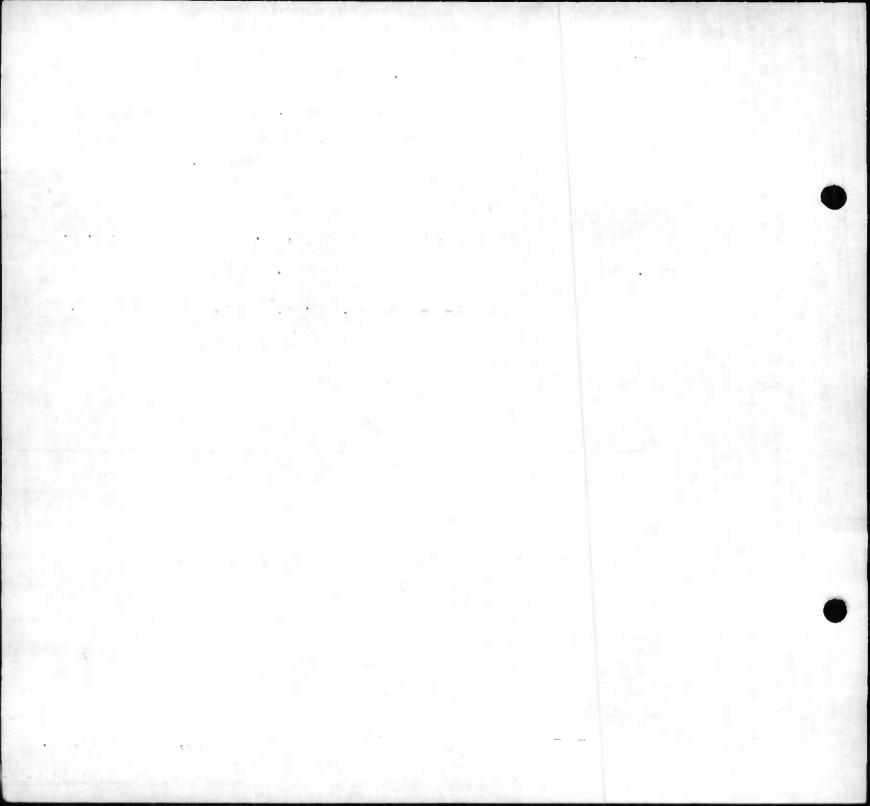
SDM

the body

shows:

BALTIMORE CITY HEALTH DEPARTMENT 66 14172 Registered No. CERTIFICATE OF DEATH BIRTH NO. pital and of death (4) Undetermined cause; (5) Deceased Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO a hospital 3. PLACE OF DEATH IN BALTIMORE RESIDENCE (Where deceased lived. If institution: rasidance before admission) eath ance COUSE FULL NAME OF (If not in hospital or institution, give stroet Ď C. CITY OR GOWN and outside city limits, write RURAL and give township HOSPITAL OR oddress or location) attend INSTITUTION 0 Baltimore
D. STREET ADDRESS (If rurol, give location) prior contributing occurred 1208 Homewood Ave. made. regular B. DATE OF BIRTH 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In voois Il Under 1 Yr. Months: Doys Il Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) lost birthday marrice reur 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSTNESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? ... done during most of working life, even if retired) dispositio U. S. A. Bendix, Retired Baltimore, Md. SD 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the 3 Amelia C. Kendell Harry J. Barton assistant death LO kind; 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yas, no or unknown) (II yes, give wor or dates of sorvice) SECURITY NO. attendance 217-14-3848 | Mrs. Wilbert Cooley, 2951 Mallview Rd. 30 any pronounced 18. CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease, the chief medical examiner 0 injury as camplication which caused death.) regu ANTECEDENT CAUSES ho are 4 DISEASES OR CONDITIONS, if any, giving 3 3 rise to the obave cause (A) sloting the physician UNDERLYING CONDITION lost. remains MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION the O WAS PERFORMED before by 2 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, form, foctory, steet, office bldg., INJURY OCCUR? (If in Boltimore City, give exect locotion) where was released to the hospital °N MEDICAL DEATH (notify medical examined etc.) nature; obtained (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) 9 OF INJURY approved (except While At Not While (APPROX.) At Work pup Work any 22. I certify that (1) (this hospital) attended the deceased from 19.6.6 that (1) (we) last saw the deceased alive an and that in (hay) (our) apinion death occurred on the date (eath) of hospital and hour and from the couses stated above. (1) (We) (did) (did) not) view the body after death. must An accident 23A. SIGNATURE 23B. DATE SIGNED certificate must "0 Attending Stoff Med. 0 Phys. Director approval 0 23D. ADDRESS 23C. PHYSICIAN'S prior at NAME (Type)

24A. BURIAL CREMATION, 24D, LOCATION (City, town, or county) REMOVAL (Specify) Glen Haven Cemetery Burial Ritchie Hwy., Glen Burnie, Md. 25C. FUNERAL DIRECTOR Flynn Flem 258. NAME OF REGISTRAR ADDRESS Fleming VS 150-REV. 1/1/65



DIRECTOR:

FUNERAL

and the second s 13 55-53 1 1 25 3

resulted fram: Netural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED

ACTUAL SIGNATURE EXAMINER'S ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4-20-66

NAME (Type) Rudiger Breitenecker, M.D.

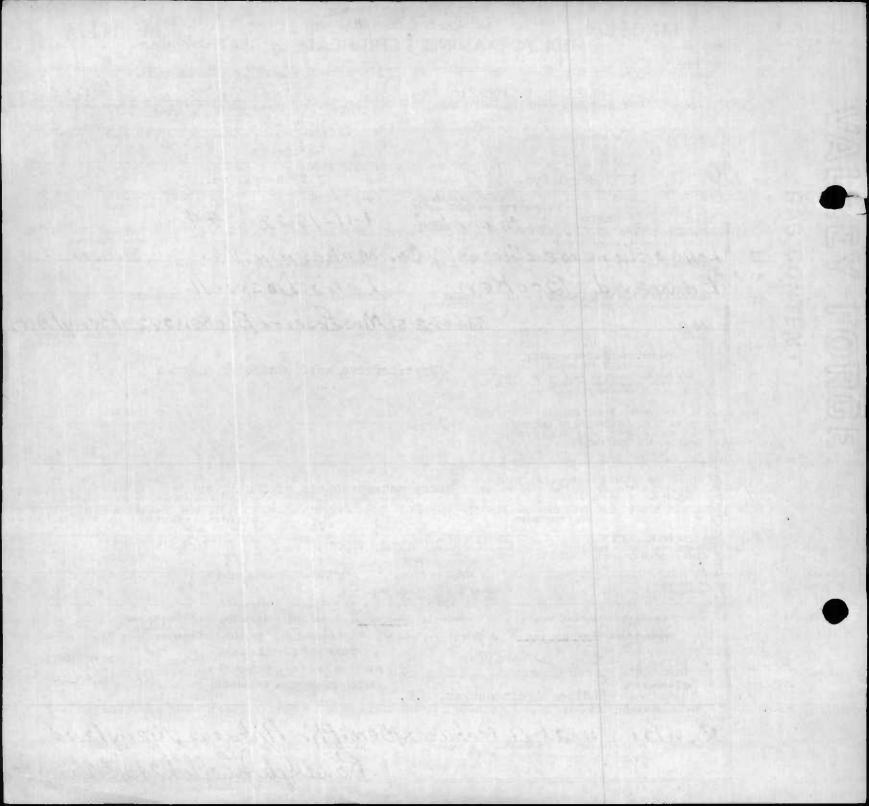
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, Iown, of county) (Stote)

REMOVAL (Specify) Productus Mensor PK. Productus Many 24D.

24A. DATE REC'D BY HEALTH BEPT. 24B. NAME OF REGISTAR 24C. EUNERAL DIRECTOR ADDRESS

APR 25 1966 PC 24B. NAME OF REGISTAR 24C. EUNERAL DIRECTOR ADDRESS

VS 151-REV. 1/1/65



IMPORTAN FUNERAL DIRECTOR:

pital and of death

a hospital

Such the

eath.

ō

0

prior

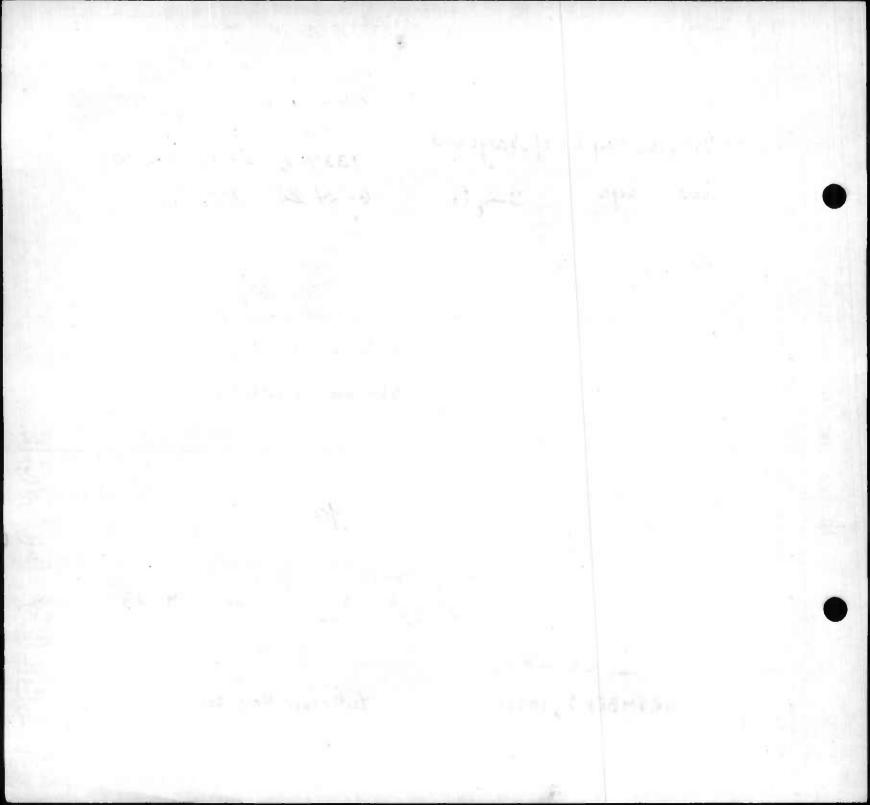
uo

attendance

(4) Undetermined cause; (5) Deceased contributing cause occurred regular is mad deceased death disposition = MOS the assistant death 00 kind; final attendance any pronounced OF his embaimed A fracture of the chief medical examiner regular who are 3 the physician before the remains medical burns; physician was (2) Body 0 the body was released to the hospital by where ° any nature; approved by obtained 9 (except and An accident of hospital death) must certificate must 0 approval 0 prior to o D.O.A. shows: (1) eceased decease Was

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 1141 66 04175 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 1966 OWENS, ROBERT 23 4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission)
A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) outside city limits, write RURAL and give township mek RICKER 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) If Under 1 Yr. Months: Doys OF BIRTH 9, AGE (In years 5. SEX 6. RACE ff Under 24 Hrs. Hours Male 40000 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF JUSINESS OR INDUSTRY 12. CHIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 5. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl foilure, asthenia, etc. Il means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING _ CAUSE OF DEATH (notify medical examiner) etc. MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from 1966 that (1) (we) last saw the deceased olive an and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending [Med. Stoff M.D. Phys. Director ___ Phys. L 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) Lestherau GRUMBE Hospital M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY (City, town, or county)

258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR MADDRESS V\$ 150-REV. 1/1/65



IMPORTANT DIRECTOR: FUNERAL

medical

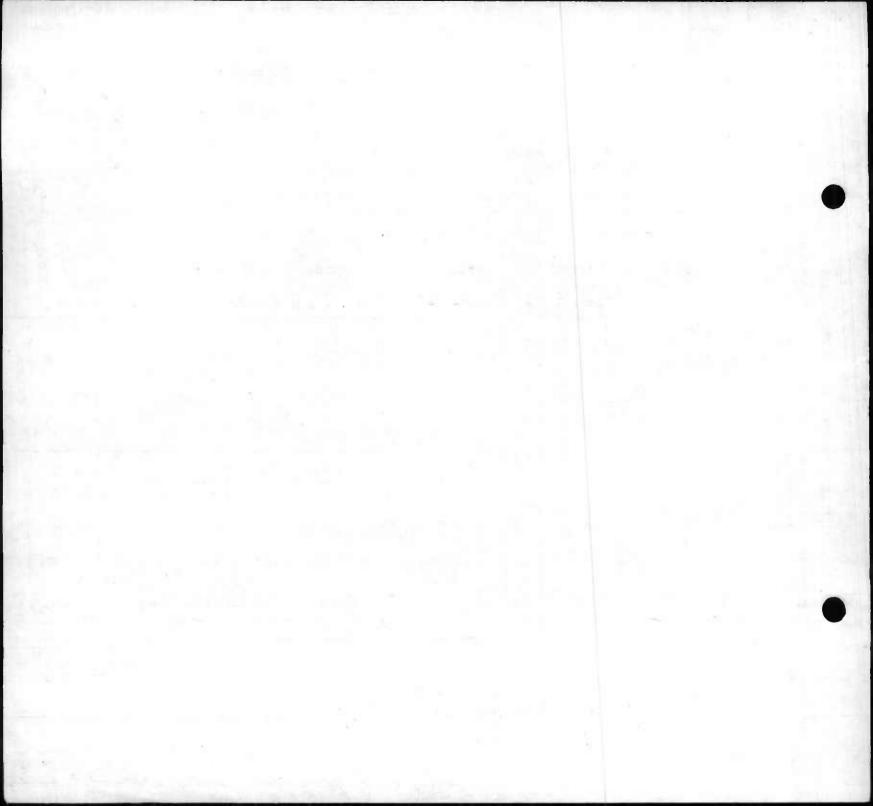
approved

occurred

death

66 04176 Registered Na. CERTIFICATE OF DEATH BIRTH NO. al and (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) James April 24, 1966 UO Frederick Magill hospital eath. of 4. USUAL RESIDENCE (Whore docoosed lived, If institution; residence before admission)
A. STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance Maryland CGUSO FULL NAME OF (If not in hospital or institution, give street Ö HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township canse; 0 Bal timore Anderson Nursing Home prior D. STREET ADDRESS (If rural, give location) contributing 3604 Mohawk Avenue Baltimore, Maryland 16 3501 Gwynns Falls Parkway (4) Undetermined made. regular 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Months: Doys If Under 24 Hrs. 5. SEX deceased Hours WIDOWED, DIVORCED (specify) March 5, 1881 Male White Married disposition is 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired - Owner Wheatherstripping Co. Maryland WOS 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the Frederick Goldsborough James Magill Amanda eath No 15. Was Deceased Ever in U. S. Armed Forces .. SOCIAL 17. INFORMANT 4101 Bel Prepress or final (Yes, no or unknown) (II yos, give wor or dates of sorvice) SECURITY NO. 8-32-2499 attendance Rockville, Maryland No None Mrs. Helen Shaudis any CAUSE OF DEATH pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem o LEADING TO DEATH fracture (This does not mean the made of dying, embal hearl laiture, asthenia, etc. It means the disease, regular injury or camplication which coused death.) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, il any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. physician remains MOS medical CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. the Body 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) the O WAS PERFORMED before by 2 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, lorm, factory, street, office bldg., INJURY OCCUR? (II in Boltimore City, give exact location) where the hospital o Z DEATH (notify medical examiner etc.) nature; MEDI obtained 21 D. TIME (Month) (Doy) (Your) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) Work At Work and any 22. I certify that (1) (this haspital) attended the deceased from Can toley 5/3 - 19/06 that (1) (last saw the deceased alive an. and that in (my) (cor) apinion death accurred an the date 3 0 hospital and haur and from the causes stated above. (1) (40) (did) (did) view the body after death. deat must accident 23A. SIGNATURE 238 DATE SGNED Stoff M.D. Attending Med. 0 Phys. Director L Phys. approval O 23 C. PHYSICIAN'S 23D. ADDRESS prior to NAME (Type) Was An St D.O.A. 24A. BURIAL CREMATION. eceased NAME OF CEMETERY 24D. LOCATION the body REMOVAL (Specily) written shows: Burial New Cathedral Cemetery Baltimore, Maryland MOS 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR TO. VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT



Such

a hospital and

		BALTIMORE CITY	HEALTH DEPARTMEN	T	(1/A)
	ин но. 30 (141.77	CERTIFICA	TE OF DEAT	H Registered No.	66 (1917)
1.	E. CASE NO. NAME OF DECEASED		2. DAT	E AND HOUR OF DEATH	<u> </u>
(T)	pe or Printl / DA V. Kirwan	(, r'	4	4-21-66	1/20 A.M
3.	PLACE OF DEATH IN BALTIMORE MARYLAND			Where deceased lived. If in	stilution: residence before edmission)
	FULL NAME OF (If not in hospital or instituti	en, give street	mary	land	6-15
	HOSPITAL OR oddress or locetien)		C. CITY OR TOWN	If eutside city limits, write	RURAL end give township)
-	INSTITUTION Church 7.20	wet / top.	Paltin	wre	
#			D. STREET ADDRESS	Bus o deva	d
-		UPD MENCE LAADRIED			
5.		WED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lest birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Heurs Min.
	A. USUAL OCCUPATION (Give kind of work 108, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stele er	fereign countryl	12. CITIZEN OF WHAT COUNTRY?
	ne during most of working life, even if retired) Seam 570455	•	washington	DO.	USA
13	FATHER'S NAME	, 20	14. MOTHER'S MAIDEN		
	MARTIN 4/1/E	MEYER	HAN	NAH Vhime	yer
1.5. (Y	. Was Deceosed Ever in U. S. Armed Ferces? es, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
		None	Mrs. Walter	C. Kirwan 153	O Stonewood Rd
	18.400,01	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		1 40		
	(This does not meen the mode of dying,	(A) St	KTEREO	50(4)4710	
	heart failure, esthenia, etc. 11 means the dise- injury or complication which ceused death.)	ese,	EART 1	SOLEMINOTIC	
	ANTECEDENT CAUSES	(B)		*** A * A * * * *** *********** * * * *	• • • • • • • • • • • • • • • • • • •
	DISEASES OR CONDITIONS, if eny, give	ving			
	rise to the above couse (A) stoling UNDERLYING CONDITION lest.	lhe (C1			
	П				
ACITA	OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING PENAL G	HUT DOW	V ; EMBOR	US (DIFFAMA)
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes	er Nol 208. IF YES, WERE	FINDINGS CONSIDERED
FPTIFIC	4-19-66 WAS PERFORMED	ctomy aft some	ca/	IN CERTIFYING CA	OSES OF DEATH:
I V	21%. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in heme, form, fectory, street, of etc.)	n or obout 21C. WHERE D ffice bldg., INJURY OCCU	ID (If in Baltimor R?	e City, give exoct locotion!
FDICE		21 E. INJURY OCCURRED	21F HOW DIE	INJURY OCCUR?	
N N	OF INJURY (APPROX.)	While At Not While		HINJORT OCCOR.	
		Work At Werk			
	22. I certify that (I) (this hospital) attended	4 4	4-11	19 GG ta	4-2/ 1966
	that (I) (we) ast saw the deceased alive	'm m			nion death accurred an the date
	and hour and from the causes stated above	e. (I) (We) (did) (did nat) v	riew the bady after de	oth.	
1	23A. SIGNATURE A. MAGNASA	EUP M.D. Atte	ending Med.	Stoff &	23B. DATE SIGNED
	Jos S. Marsy		s. Director	Phy s.	4-21-66
	NAME (Type) S. Mais	og MD MD	23D. ADDRESS Chwi	ch Horn &	dognital

24D. LOCATION

(City, tewn, er county)

(Stete)

24A. BURIAL CREMATION, REMOVAL (Specify) Cremation 24C. NAME of CEMETERY of CREMATORY

Greenmount Crematory 25A. DATE REC'D BY HEALTH DEPT. AFR 25 1966 25B. NAME OF REGISTRAR

Baltimore, Maryland Wm. 4. Duchner

ADDRESS

VS 150-REV. 1/1/65

1000 The other street of the street 47 Company & car F W MINOLOTO 1- INTO S.S. THE THE SOL WARTIN THILLIPS THE WARTEN . I . 2.0 Fort St. William & Francis St. Thomas of Constructed of Jak CH BOSHA S W. Charles Alon 4 digital

	BALTIMORE CITY	HEALTH DEPARTMENT							
BIRT	H NO. 66 04178 CERTIFICA	TE OF DEATH Registered No.							
M.E	. CASE NO. AME OF DECEASED	2, DATE AND HOUR OF DEATH							
	O OF PART PARE								
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived. II institution: residence before admission)							
	Management of the state of the	MARYLAND 9-06							
11 3	ULL NAME OF (If not in hospital or institution, give street OSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)							
411		RALTIMORE 21218							
160	LNION MEMORIAL HOSPITAL	D. STREET ADDRESS (If rurol, give location)							
6		2928 HARFORD KOAD							
5. S	EX 6. RACE 7. AMERICA, NEVER MARRIED	B. DATE OF BIRIH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.							
10	M	6-29-01 64 yrs.							
	. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY educing most of working lile, even if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?							
-	Interior Decorator	GEORGIA USA							
vi 13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME							
don-	Oscar M. Parrish	Troupie Crenshaw							
	Was Deceased Ever in U. S. Armed Forces?	17. INFORMANT ADDRESS							
D (Yes	32300111 (10)	The Union Memorial Hospital Records							
or f	18. 4 ° 7 0 1 1 CAUSE C	F DEATH INTERVAL BETWEEN							
	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH							
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart laiture, asthenia, etc. It means the disease,									
8		MESENTERIC THROMBOSIS							
E	injury or complication which caused deeth,) ANTECEDENT CAUSES (B)	(2-22)							
0	DUE TO								
OL	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C)								
ns l	UNDERLYING CONDITION last.								
מוט	Z OTHER SIGNIFICANT CONDITIONS CONTRIBUTING								
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
0	19A DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED							
e th	4/18/66 WAS PERFORMED Abelower	IN CERTIFYING CAUSES OF DEATH?							
Fore	21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, lorm, loctory, street, c	n or obout 21 C. WHERE DID (II in Boltimore City, give exact location)							
Pef CAL	DEATH (notily medical exominer) etc.)								
9 II III	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?							
2 2	(APPROX.) While At Not Whi At Work								
<u>ā</u>	22. I certify that W (this hospital) attended the deceased from	4/18/ 1966 10 4/20 1966.							
0		19 and that in (my) (aut) apinian death accurred an the date							
t pe	and hour and fram the causes stated above. (1) (Wet (did) (did not)								
must	23A. SIGNATURE	23 & DATE SIGNED							
	and sury let M.D. AH	ending Med. Stolf Phys. 4/20/66.							
D > 0	23C. PHYSICIAN'S	23D. ADDRESS							
D 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NAME (Type) GODPREY GEH M.D.	Union Convered Gorphale Ha							
O 24A	BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CR	EMATORY 24D. LOCATION (City, town, for county) (Stote)							
6	Removal 4/21/1966 Hillview Annex	La Grange, Georgia							

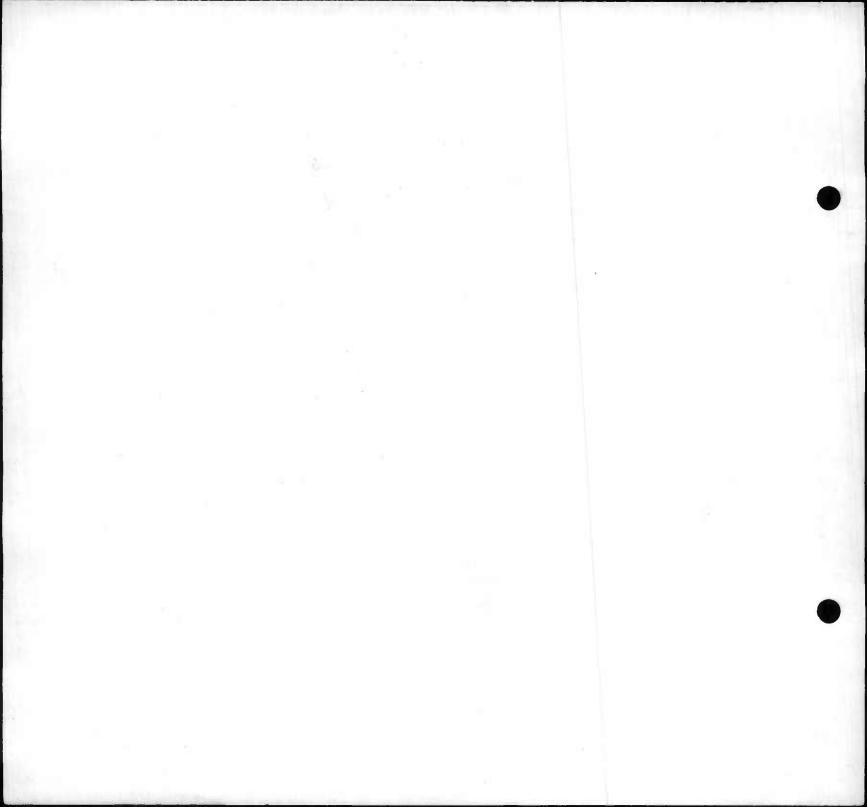
25B. NAME OF REGISTRAR

2

APR 25

VS 150-REV. 1/1/65

25C. FUNERAL DIRECTOR



				BALTIMORE CITY	HEALTH DEPARTMENT		86 04179	
1	H NO.	66 04179		CERTIFICA	TE OF DEATH	Registered No.	90 19173	
1, N	AME OF DECE	ASED		No 2:		AND HOUR OF DEATH	140	
	- 1	CHARL	OTTE	MORI		20-66	P. M.	
3. 1	LACE OF DEA	TH IN BALTIMORE, MAR	ILAND		A. STATE B. CO	YTAUC	nstitution: residence before odmission)	
	FULL NAME OF	f (If not in hospital a		ive street	MARYL	AND	KURAL and give township)	
	NSTITUTION			HOSPITAL	BAITIM	A. P.F.	NUKAL and give fownship!	
U	NIGN	WEWOI	KIAL	110011111	D. STREET ADDRESS	(If rural, give location)		
						ECHDALE	KOAD	
5. 5	F	6. RACE		, E. Gily)	11-2-91	lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.	
		PATION (Give kind of work) vorking life, even if retired)	OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	House				MARYL	AND	AZN	
13,	FATHER'S NAM	N.E.			14. MOTHER'S MAIDEN	NAME		
	Henr	y M. Denison			_	usta Pearce		
15. (Ye	Was Deceased s, no or unknown)	Ever in U. S. Armed Force	of service)	SECURITY NO.	17. INFORMANT DAY	IGHTER	1319 MRK AVE	
	No	None		None	HELEN H	EATON	21217	
	18.33/	X		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
		EOR CONDITION DIRE	CTLY	6000	Isral her	conheco con		
	(This does not mean the mode of dying, e.g., DUE TO							
	hearl foilure, asthenia, etc. It means the diseose, injury or complication which caused death.)							
	ANTECEDENT CAUSES (B)							
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)							
	UNDERLYING CONDITION last.							
Z	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
TIO	TO THE DI	FICANT CONDITIONS CO EATH BUT NOT RELAT CONDITION CAUSING IT,	ED TO THE					
CERTIFICATION	19A. DATE OF		ITION FOR V	VHICH OPERATION	20 A. AUTOPSY (Yes)	No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED	
CE	21A. ACCIDEN	IT WAS UNDERLYING	21 B.	PLACE OF INJURY (e.g., in	or obout 21 C. WHERE DI	D (If in Boltimor	e City, give exact location)	
AL		TING CAUSE OF medical examiner)	hometc.)		fice bldg., INJURY OCCUS	?		
MEDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?		
×	(APPROX.)		Whi	le At Not While At Work	e			
	22. I certify	that (1) (this hospitol)			4/20	19 66 to	4/20 1966,	
		last saw the deceased		/			nion death occurred on the date	
	and haur and	from the couses state	d above. (I		iew the body after dea			
	23A. SIGNATU	REPAUL HUDSO	N. FESC	HF			23 B. DATE SIGNED	
Attending Med. Stoll Phys. 23C. PHYSICIAN'S PAUL HUDSON FESCHE 123D. ADDRESS								
	Ho	edson	1-0	5che M.D.		RIAL HOSPIT	TAL	
24/	REMOVAL (S	pecify)		ME of CEMETERY of CRE			ity, town, or county) (State)	
	Buria			reen Mount Ce		Baltimore, Mar	ryland	
25/				F REGISTRAR	25C. FUNERAL DIREC	4	Bulto, grad. 17	
		- A	5.5	Falley MA	Wm. Ju	hner L Som	north L' Pa. avec	
A 2	150-REV. 1/1/6	-						

1/--101 /

examiner

chief medical

the

approved by

0

hospital

to the

he body

VS 150-REV, 1/1/65

and

hospital

contributing occurred

assistant if

BALTIMORE CITY HEALTH DEPARTMENT Registered No._ RTIFICATE OF DEATH of death Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEX (Type or Print) uo 12 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Where deceased lived. Il institution: residence before admission) attendance COUNTY ing cause cause; (5) land (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or lacotion) (If outside city limits, 0 6.5 prior D. STREET ADDRESS etermined is made regular MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. deceased lost birthday) Months! Days WED DIVORCED (specify) Never Married IOA. USUAL OCCUPATION (Give kind of work 1. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition done during most of warking life, even if retired) Retired - Clerk Post Office (4) Und nginia MOS the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 1 am death no 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give wor or dates of service) 6. SOCIAL or final SECURITY NO. attendance Mrs. Bowersox same address as above any pronounced CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY balmed fracture of LEADING TO DEATH generalized arteriosclerosis (This daes not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, ular injury or camplication which caused death.) He ANTECEDENT CAUSES who 0 DUE TO 0 Gre 4 DISEASES OR CONDITIONS, if any, giving (3) rise to the above cause (A) stating the physician the remains UNDERLYING CONDITION last. M ds OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician deafness sev. yrs. DISEASE OR CONDITION CAUSING IT. (2) Body ERTIFIC/ 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID U 21 A. ACCIDENT WAS UNDERLYING where (It in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) any nature; MEDI obtained (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While [(APPROX) pub Work At Work 22. I certify that (1) (this hospital) attended the deceased fram 2-1-66 death); 4-20-66 that (4) (we) last saw the deceased alive an 19 peond that in(my) (aur) apinian death accurred an the date accident of hospital and haur and fram the causes stated abave. (1) (We) (did) (did not) view the body after death. must 23A. SIGNAT 23 B. DATE SIGNED 0 Director X approval O 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS eceased prior to M.D. was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) shows: Lorraine Park Cemetery Woodlawn, Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

9:20

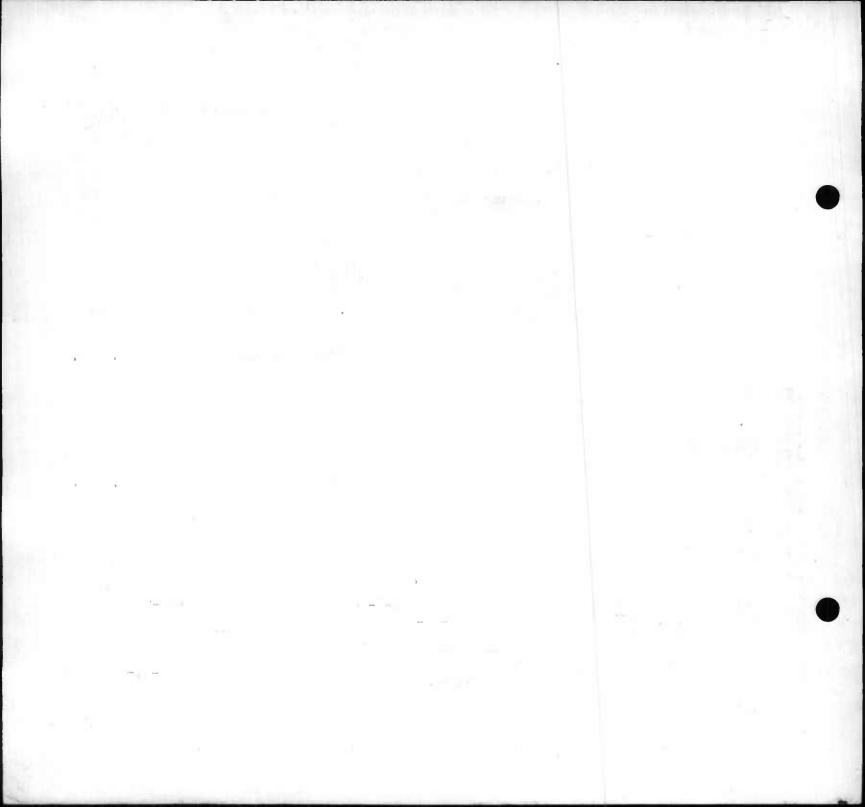
If Under 24 Hrs.

Hours

INTERVAL BETWEEN ONSET AND DEATH

Da

WHAT COUNTRY?



shows:

Such

of rdeath Deceased

50

				BALTIA	AORE CITY	HEALTH DEPARTMENT	TI-TI-LIVE	44.04
	TH NO. E. CASE NO.	66 04	181	CER	TIFICAT	TE OF DEATH	Registered No	66 (1418)
(Тур	Pe or Print)	Nilda	ed M.	Sherwo	ba	4.	ND HOUR OF DEATH	5:15 Pm.
	FULL NAME OF DEA	F (If not i	n hospitol or in or location)	stitution, give street		4. USUAL RESIDENCE (WHA. STATE B. COU MARYLAND C. CLTY OR TOWN (IF O	NTY	stitution: residence before admission)
5	THE JO	HNS Ho	PKINS	HOSPITAL		D. STREET ADDRESS (1)	RAL ST.	21201
S. 5	EMALE	6. RACE WHITE	,	MARRIED, NEVER MARI WIDOWED, DIVORCED SINGLE		8-26-98	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	. USUAL OCCU during most of the Register	vorking life, ever	if retired)	KIND OF BUSINESS OF	INDUSTRY	New York	eign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	A E			1	4. MOTHER'S MAIDEN NA	AME	
	STEPHEN	SHERV	OOD			BLANCHE WAR	LLACE	
	Was Deceosed s, no or unknown				NO.	7. INFORMANT Miss Elizabeth	W Sharwood	ADDRESS
-	18./ ~ ~	V 1		240-40-	CAUSE OF		i w. onerwood	INTERVAL BETWEEN
		LEADING TO		()	A) P	nvemoni	d	H8 DOURS
	heart failure, injury or com	asthenia, etc.	mode of dyi II meons the ch caused dea	disease.	POLY	nereatic	Carcinome	4 years
	rise to the		ONS, if ony, use (A) slo V last.	giving	C)			
ATION	TO THE D		DITIONS CON NOT RELATED AUSING IT.					
ERTIFIC,	19A. DATE OF	OPERATION	198. CONDITI	ON FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes or h	O) 20B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
AL C	21 A. ACCIDEN OR CONTRIBU DEATH (notily	TING CAU	SE OF	21B. PLACE OF IN home, form, foctor etc.)	IJURY (e.g., in ry, street, olfi	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltimore	City, give exact location)
SIC	21D TIME	(A4H) /D-	\ /V\ (L	and 215 INTUING OCC	CHARLE	215 HOW DID IN	LILLEY C.C.C.L.D.	

OF INJURY (APPROX)

While At Work

Not While At Work

22. I certify that (N) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an

and that in(my) (our) opinion death accurred on the date

(dld) (did not) view the body after death. and hour and fram the causes stated above. (1) (Ne) 23A, SIGNATUR

Attending Phys. 23D. ADDRESS

Stoff Phys.

238. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) oma

24A. BURIAL CREMATION. REMOVAL (Specify)

Gremation

Greenmount Crematory

Baltimore, Maryland

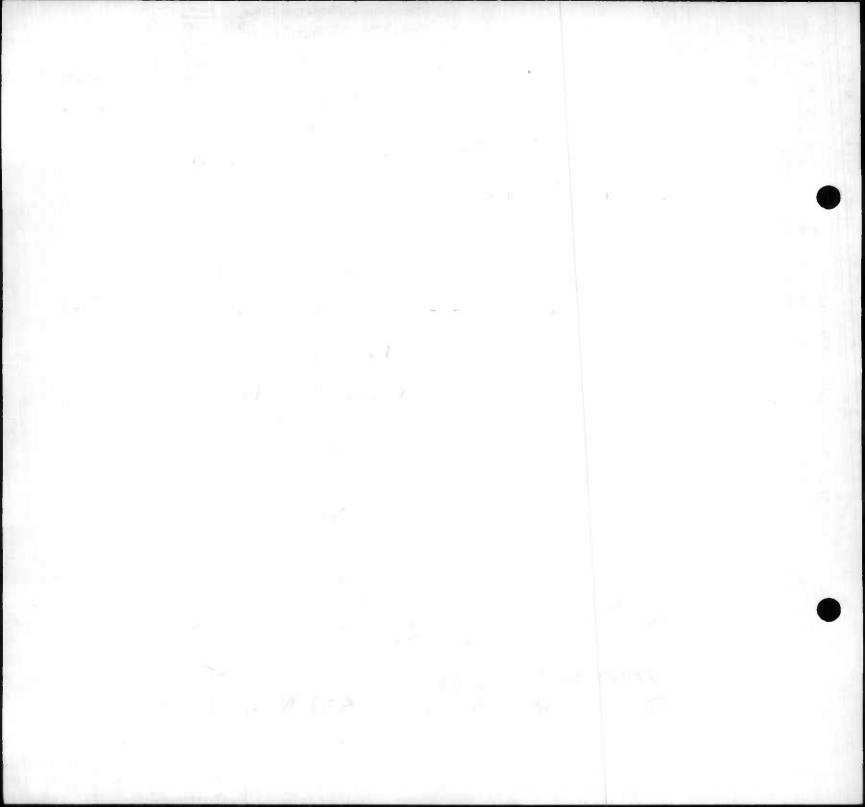
25B. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

Med. Director

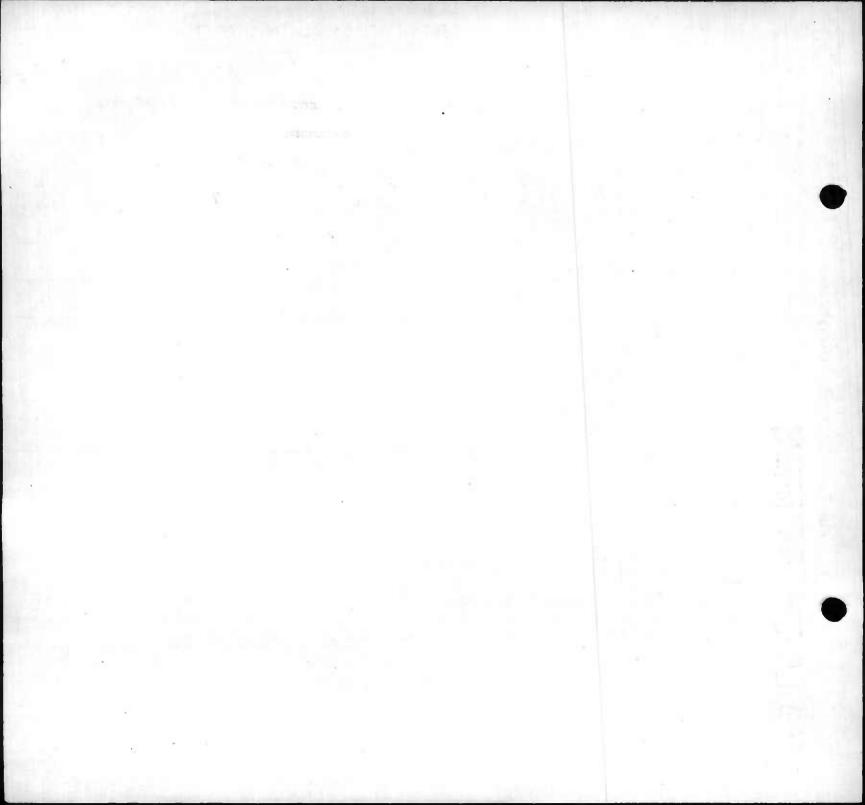
(Stole)

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

					BALTIMORE CIT	Y HEALTH DEPARTME	ENT	131 04100
BIRT	H NO.	66 114	1189		CERTIFICA	ATE OF DEA	TH Registere	d No. 66 (14182
	. CASE NO.				0=1(11110)		ATE AND HOUR OF D	DEATH
	ame of Dece	aker	, Jole	a M	ay		. 21. 66	11 35 Am.
3. P	LACE OF DEAT	H IN BALTI	MORE, MAR	YLAND		4. USUAL RESIDENC A. STATE	E (Where deceased live	ed. Il institution: rosidonce beloro admission)
11. F	ULL NAME OF HOSPITAL OR NSTITUTION	(If not oddress	in hospital a or location	institution	n, give street	Maryland C. GITY OR HOWN	(If octside city limits.	write RURAL and give township)
	utherow	Hapit	al of	lay	loed	Bal timore		fr.
		,	,	0		5009 Cord	delia Avenue	*
5. \$	Jewel "	White		WIDOW	D, NEVER MARRIED (ED, DIVORCED (specily)	5 19 0	8 9. AGE (In year lost birthday)	If Under 1 Yr. If Under 24 His. Months: Doys Hours Min.
	USUAL OCCUP		,		OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	Homemake						e, Maryland	
13. 1	FATHERS NAM	E				14. MOTHER'S MAID	EN NAME	
	Harry E	. Shea	rer			Emma F.	. Reeves	
15. V (Yes	Was Deceosed E , no or unknown)	Ever in U.S. (II yos, give	Armed Forc	es? ol service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	No	ne		None	CHAR	T	
	18.4. 24	1, / 1			CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
		OR COND		ECTLY	11	1 . 1 10 14 114 114 114 114	nia last	ONSET AND DEATH
		EADING TO			(A) MON	give piacowo	4.5 - VG/L	
	(This does no heart failuie, a				g., DUE TO		1	
	injuly at camp	lication whi	ch caused	death.)	Car	sive puerwo ujestve Hear	t. Fellose	
	A	NTECEDENT	CAUSES		(B) CIS	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	DISEASES OF	CONDITI	ONS, if o	ny, givin	19	U		
	iise to the UNDERLYING			stating It	(C)		10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
		- 11						
ATION	OTHER SIGNIFITO THE DE	ATH BUT	NOT RELA	TED TO				
ERTIFICA	19A. DATE OF			ITION FOI	WHICH OPERATION	20A. AUTOPSY? (Ye	S OF NO. 20B. IF YES, IN CERTIFYIN	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
CAL CE	21 A. ACCIDENT OR CONTRIBUT DEATH (notify of	ING CAU	SEOF	h	1B. PLACE OF INJURY (e.g., ome, lorm, loctory, street, tc.)	in or obout 21 C. WHERE office bldg., INJURY OCC	DID (If in E	Baltimore City, give exact location)
ō	21 D. TIME OF INJURY	(Month) (Do	y) (Year)	V	TE, INJURY OCCURRED While At Not Wi	hile 🖂	DID INJURY OCCUR?	
					Vork L At Wor	1		11 31
N I	22. I certify t that (I) (we) I				the deceased from	9,11.66	and that in (my) (as	y. 2) 19 66, ur) apinian deoth occurred on the dote
					(1) (We) (dld) (did nat)			
	23A. SIGNATUR	E		0				23 B. DATE SIGNED
			w un	to y	M.D. A	ttending Med.	Stoll Phys,	1 1 1 1 1 1 1 1 1 1
	23C. PHYSICIAN NAME (Typ		MBER	G 10	OSEF M.C	23D. ADDRESS Leitherau	Hospital	
24A	REMOVAL (Sp Burial	ecity)	/25/19		Name of CEMETERY of C Woodlawn Cemet		Woodlawn,	(City, town, or county) (State)
25A	. DATE REC'D E			258. NAMI	OF REGISTRAR	Wm. L.	RECTOR	Sono notthe Pa.
1	150 051/ 1/1//							



prior

eceased

at

Y

0.0

Was

An

shows:

certificate

BALTIMORE CITY HEALTH DEPARTMENT 66 04183 Registered No... BIRTH NO. CERTIFICATE OF DEATH of death Deceased the M.E. CASE NO. Such 2. DATE AND HOUR OF DEATH (Type or Print) uo hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased fived. If institution: residence before admission) ance (5) COUSE FULL NAME OF (If not in hospital or institution, give street O HOSPITAL OR oddress or location) outside city limits, write RURAL and Undetermined cause; attend INSTITUTION 10 prior D. STREET ADDRESS (If rurgl, give location) contributing occurred 202 made. regular 7. MARRIED, NEVER MARRIED 5. SEX 6. RACE 8. DATE OF SIRTH 9. AGE (In years It Under 1 Yr. deceased WIDQWED, DIVORCED (specify) Monthsi Dovs 6/1 March ORGE 40 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 111. BIRTHPLACE 12. CITIZEN OF oreign country) death disposition done during most of working life, even if retired) L OF Painter Construction IREd SB 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the direct (4) 3 IAMIN Mary death OP kind; 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 6. SOCIAL 17. INFORMEN Wilton Heights. AVE final SECURITY NO. attendance -03-2572 219 No None any pronounced Or 8 DISEASE OR CONDITION DIRECTLY Also, 0 of me LEADING TO DEATH 8 fracture (This does not mean the mode of ROVI dying, e.q., embal heart failure, asthenia, etc. It means the disease, examiner. regular injury or complication which caused death,) 1 AP ANTECEDENT CAUSES ho COULSTO are 4 DISEASES OR CONDITIONS, if any, giving 3 3 use to the above cause (A) stating physician UNDERLYING CONDITION last. remains Was medical burns; EMPLY SEMA OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN CATIO TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body the 198. CONDITION FOR WHICH OPERATION 9A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 0 0 CERTIFI WAS PERFORMED + before by 3 21 A. ACCIDENT WAS UNDERLYING 919 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF to the hospital ° DEATH (notify medical examined etc.) nature; ¥ ¥ MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved pt While At Not While (APPROX.) At Work and Wark exce) any 22. I certify that (1) (this hospital) attended the deceased from pe 19 that (1) (we) last saw the deceased alive on of eath) hospital the body was released and how and from the causes stated above. (1) (We) (did) (did not) view the body after death. must accident 23A SIGNATURE O Attending Phys. Med. Stoff 10 Director O

Baltimore, Nd. ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) Lour) apinion death occurred on the date 238. DATE SIGNED approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) decease Burial 4/26/1966 Lorraine Park Cemetery Woodlawn, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

give township

Hours

WHAT COUNTRY?

If Under 24 Hrs.

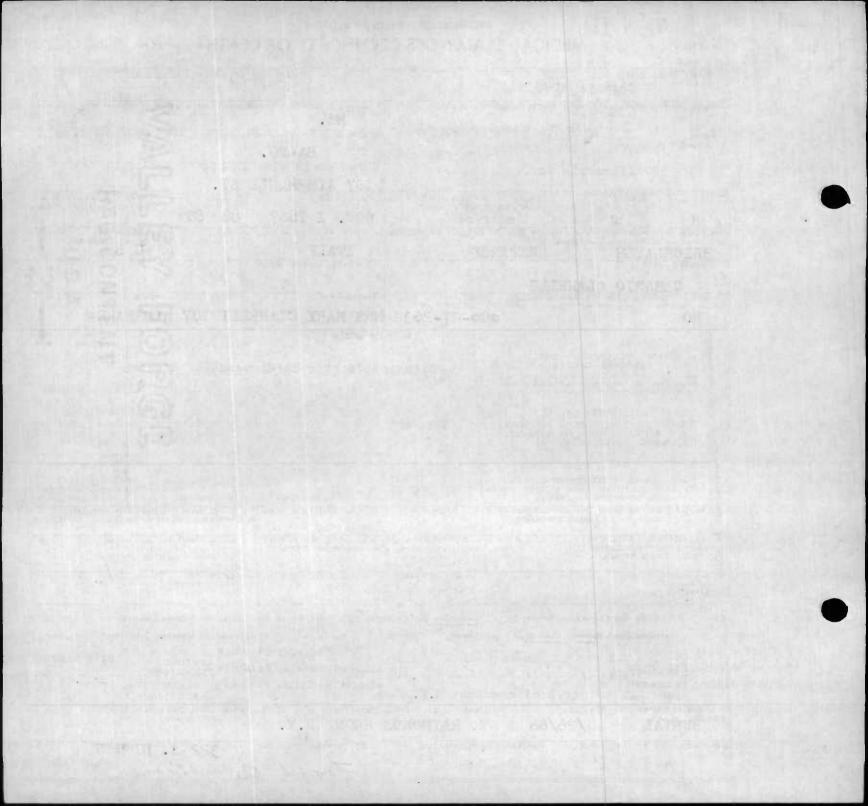
TOTAL MOTAGES

F	UNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORTA	N	D		+ .
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	chief med	ical examiner	or his assist	int if death	occurred in a	hospital and	2
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Cabooc (1) An accident of any natures (2) Rody humas (3) A fracture of any kinds (4) Undetermined causes (5) Deceased O	by a medic	al examiner.	Also, if the	direct or c	ontributing ca	use of death (5) Deceased	00
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	the physi	cian who pror	nounced dec	ith was in	regular atten	dance on the	
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	hysician w	as in regular	attendance	disposition	is made	death. Such	1
					4		

BALTIMORE CITY HEALTH DEPARTMENT	CE DATE
BIRTH NO. 66 14184 CERTIFICATE OF DEATH Registers	ed No. 66 04184
M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF	DEATH
(Type or Print) HAWES, RAYMOND PRESTON 4/23 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where decessed liv	166 9 3 M.
A. STATE B. COUNTY	ed. If institution: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits)	
BALTIMORE D. STREET ADDRESS (If rurol, give loco	tion
UNION MEMORIAL HOSP 319 TAPLOW	ROAD
S. SEY 6. PACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In vec	ors If Under 1 Yr. If Under 24 Hrs.
MIDOWED, DIVORCED (specify) Married 4/11/91 lost birthdoy)	Wyy Months Doys Hours Min,
10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
TEACHER (RET) COLLEGE RHODE ISLAND	45
13. FATHER'S NAME	
ADDISON HAWES (D) Elle VENC	KS (D)
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	ADDRESS
Yes World L 220-30-372 MRS MARION E. HAW	ES SAME
18. 4 CAUSE OF DEATH DISEASE OF CONDITION DIRECTLY	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., (This does not mean the mode of dying, e.g.,	PARCT 20 DAYS
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES (B) CONGESTIVE HEART FAC	LURE 200A45
DISEASES OR CONDITIONS, il ony, giving	- 1
rise to the above cause (A) stating the (C) UNDERLYING CONDITION lost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DESASE OR CONDITION CAUSING IT.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A.AUTOPSY? (Yes or No) 20B. IF YES, IN CERTIFY! U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in	WERE FINDINGS CONSIDERED NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Work At Work	
	4/23 1966.
that (1) we lost sow the deceased alive on 4/23 19 66 and that in (my) (6	ur) opinian death occurred an the dote
and hour and from the causes stated obave. (1) (We) (did not) view the bady ofter death.	
23A. SIGNATURE M.D. Altending Med. Stoff	238. DATE SIGNED 4/23/66
Markes 2. Stown Phys. Director Phys.	4/20/66
DR CHARLES S BROWN M.D. 23D. ADDRESS AME (Type) DR CHARLES S BROWN M.D. 23D. ADDRESS M.D. 23D. ADDRESS	OSP4JALO , TA
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION	(City, town, or county) (State)
REMOVAL (Specify)	
Creamation 4/23/66 Loudon Park Baltimor	wi Sons no Harans
APR 25 1966 R. B. & Falleyma William & Dukn	WISms no Paranes
VS 150-REV. 1/1/65	

THE RESERVE OF THE PARTY OF THE Yes a starting Daniel of the second of the second

	66 0418.	BALTIMORE CITY HEA			00
BIR	гн но.	EDICAL EXAMINER'S C	CERTIFICATE OF	DEATH Registe	ered Na. 10
M.	E CASE NO.				
	NAME OF DECEASED Pe or Print) Cesario	CLARELLI	2.4724	71966 8.20	a.m.
	PLACE IN BALTIMORE, MARYLAN		4. USUAL RESIDENCE (When	e deceosed lived. Il ins B. COI	titution: residence below odmission)
HO	LL NAME OF (IF NOT IN HI SPITAL OR ADDRESS OR	OSPITAL OR INSTITUTION, GIVE STREET LOCATION)	C. CITY OR TOWN (II outs		e RURAL and give township)
0	107 Albemarl	e str.	D. STREET ADDRESS (II rute TO7 ALBEMAR)		
5. 5	EX 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr, If Under 24 Hrs.
	M W	married married	NOV. I 1887	lost birthdoyl	Months, Doys, Hours, Min.
don	e during most of working life, even if re BRICKLAYER	of work 10 R. KIND OF BUSINESS OR INDUSTRI lired) RETIRED	ITALY		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	ΛE	
15	CESARIO CLAP		?		ADDRESS
	NO			RELLI 107	
	1B. 44 0 2 1 1 .	CAUS	E OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
NO	DISEASE OR CONDITION LEADING TO D (This does not meen the mo- heort foilure, osthenio, etc., It- injury or complication which co- ANTECENDENT C DISEASES OR CONDITIONS RISE TO THE ABOVE CAUSE UNDERLYING CONDITION I	EATH de of dying, e.g., meons the disease, used death.] AUSES , IF ANY, GIVING (A) STATING THE	iosclerotic card	iovascular d	
ERTIFICATION	OTHER SIGNIFICANT CONDIT TO THE DEATH BUT NO DISEASE OR CONDITION CA	T RELATED TO THE			
CERT	19A. DATE OF OPERATION 19B.	CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FI	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore City, g	ive exoct location)
Σ	21 D TIME (Month) (Doy) OF INJURY (APPROX.)	(Yeor) (Hour) 21 E. INJURY OCCURRED WHILE AT NOT WORK AT N	WHILE 21F. HOW DID IN	JURY OCCUR?	SV-112 ICT
	ACTUAL SIGNATURE EYAMINEP'S	1-1-1		Undetermined mann XAMINER XAMINER XAMINER X	
23A REA	BURIAL CREMATION, 23B. DA	TE 23C. NAME of CEMETERY	S BRONZ N.Y.	LOCATION (City	, town, or county) (Stote)
24/	APR 45 906	24B, NAME OF REGISTRAR	24C. FUNERAL DIRECTO		. HIGHORS
VS	151-REV, 1/1/65		- Line		i



death

of

hospital

etermined cause; (5) Deceased

the direct or contributing cause

(4) Und Was the

kind;

fracture of any pronounced

(3) A

any nature; (2) Body burns;

a medical

the body was released to the hospital by

shows: (1) An accident of

was D.O.A. at a deceased prior written approv

approved by

certificate

death

assistant

or his

examiner

Such

death.

10

prior de.

deceased

ma

isposition

final

0

embalmed

attendance

gular

9 GLO

=

Was

physician

No

9

and

death) hospital

remains

the

obtained

must 0

approval

ATION

CERTIFIC

MEDICAL

who

physician

the

(except where

LO

attendance

in regular

death 0 T

BALTIMORE CITY HEALTH DEPARTMENT 60 34180 BIRTH NO.

TE OF	DEATH	Registered N	0
	DATE AL	NO HOUR OF DEAT	n

M.E. CASE NO.	
I. NAME OF DECEASED	2. DATE AN
(Type or Print) WISE ALICE B.	4.12

If Under 24 Hrs. Hours Min.

(Stole)

Hours

Will C.	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission A. STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street hospital OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Lutheran Hospital of Maryland	D. STREET ADDRESS (H. 1010), give locotion) 2817 RAYNER Ave. 21216

9. AGE (In years MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys 5. SEX 6. RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (specify) lost birthday! tewale LERTO

TOLUSUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired)

HUME. BALTU. HOUSE WIFE

COSTLEY BRADY WILLIAM ALICE

17. INFORMANT FREDERICK ADDSORADY 15. Was Deceased Ever in U. S. Armed forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 6. SOCIAL SECURITY NO. RAYNER

CAUSE OF DEATH ONSET AND DEATH (A) Thom 6 splets - right leg

DUE TO

Heart Failure DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il any, giving

ta the abave cause (A) slaling the UNDERLYING CONDITION last. Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bidg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)

(Month) (Doy) (Year) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Hour) OF INJURY Not While While At (APPROX.) Work At Work

22. I certify that (I) (this haspital) attended the deceased from 66 that (1) (we) last sow the deceased alive on... ond that in (my) (our) aplnian death occurred on the date

and hour and from the couses stated obove. (1) (We) (did) (did not) view the body ofter death.

23A. SIGNATURE	/	23B, DATE SIGNED
Time &	M.D. Attending Med. Stoff Phys.	4/22/66
23C PHYSICIANES	23D ADDRESS	

NAME (Type)

GRUMBEKG	IOSEF	M.D. Falael	au nospirel.
IRIAL CREMATION, 248, DATE	24C, NAME of CE	METERY OF CREMATORY	24D. LOCATION

(City, town, or agunty)

O. F. S. Faller M.A.

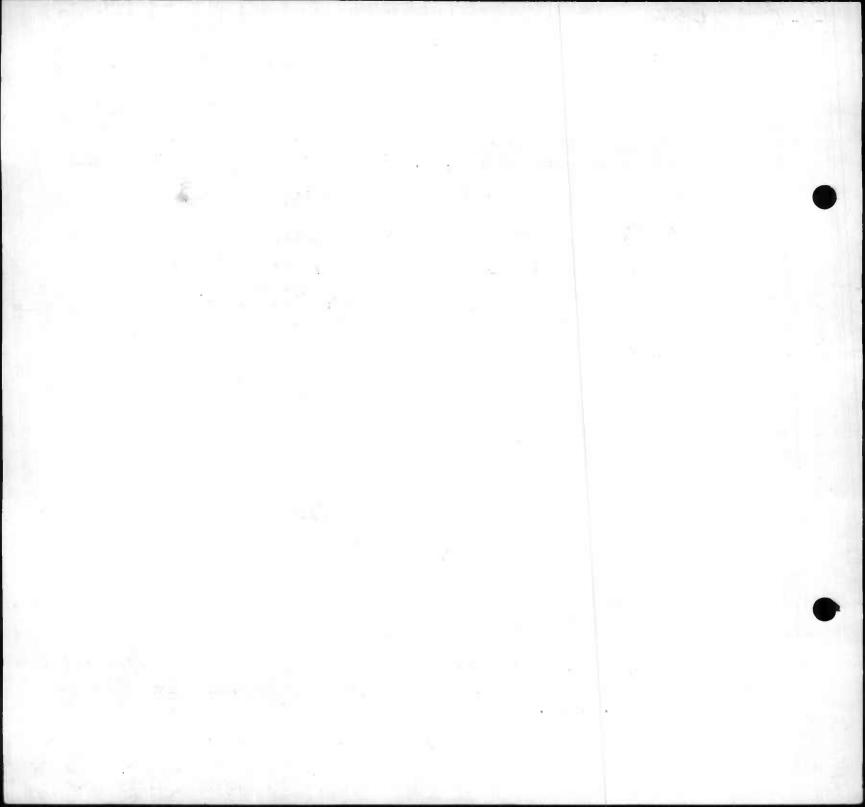
VS 150-REV. 1/1/65

Back Court WILL TO SE 9 - 1133 35 WA STEERING PROPERTY my recovers 217 8010 E

•	FUNERAL DIRECTOR: IMPORTANT	B
This certificate must be approved be the body was released to the hosp	by the chief medical examiner or his assi pital by a medical examiner. Also, if th	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
shows: (1) An accident of any natur was D.O.A. at a hospital (except w	re; (2) Body burns; (3) A fracture of any k where the physician who pronounced c	kind; (4) Undetermined cause; (5) Deceased (4) death was in regular attendance on the
deceased prior to death); and (6) written approval must be obtained	No physician was in regular attendanc d before the remains are embalmed or fii	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

VS 150-REV. 1/1/65

BALTIMORE MARYLAND 21213



SAB-46-30-27

Such

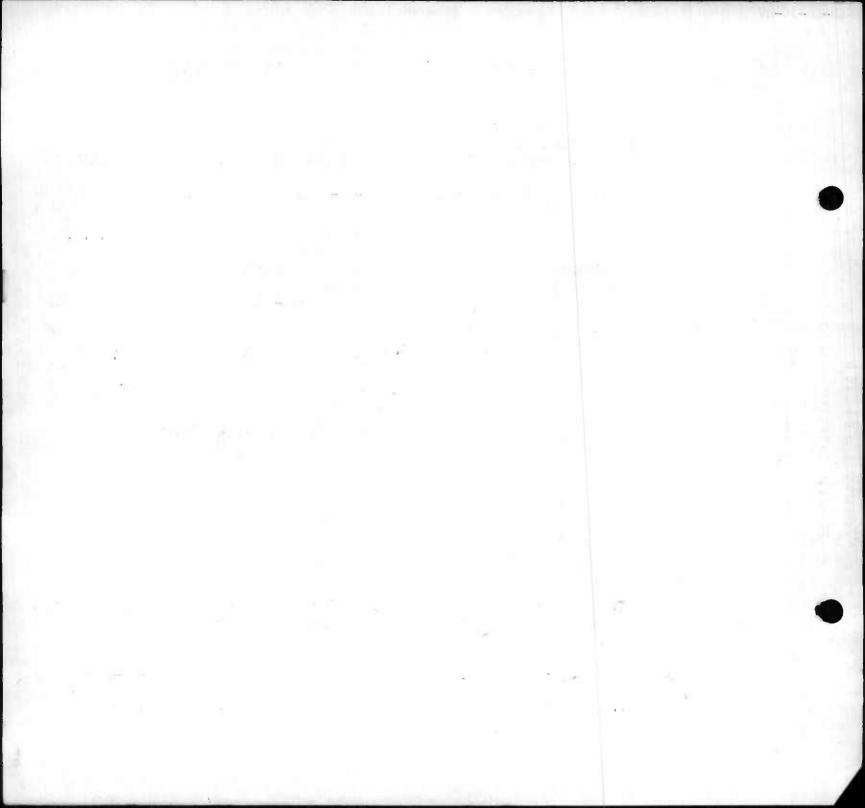
	66 0	4189	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO.		LLUU	CERTIFICA	TE OF DEATH	Registered No.	.6 04189
1. NAME OF D	ECEASED Kathr	yn West	ton		HOUR OF DEATH	0 11/25 A
FULL NAME HOSPITAL O	R oddress at lacotio	ar institution, n) Y Hospi		Maryland C. CITY OR TOWN (If quite Baltimore	18-	stitution: residence before admission
1	Baltimore, Mar		21224	861 Hollins St		21201
5. SEX Female	6. RACE White		NEVER MARRIED		ost birthdoy) 74	If Under 1 Yr. If Under 24 Hr. Months Days Hours Min.
	CCUPATION (Give kind of warl of working life, even if retired)	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S N		Weston		14. MOTHER'S MAIDEN NAM	_	
	sed Ever in U. S. Armed Fai (wn) (If yes, give wor or dote		1 6. SOCIAL SECURITY NO.	Records: BCH-494	40 Eastern	Avenue 21224
18. /	a V I		CAUSE O	F DEATH		INTERVAL BETWEEN

	No			Records: Bun	-4940 Lasteri	Avenue 21224
	DISEASE OF CONDITION	TH	CAUSE O	F DEATH	arrest	INTERVAL BETWEEN ONSET AND DEATH
	(This does not mean the mode heart failure, asthenia, etc. It me injury or complication which cou	ans the disease,	DUE TO	0010	1	2 20
	ANTECEDENT CAU	SES	(B) DUE TO	212		4 1473
	DISEASES OR CONDITIONS, rise to the obove cause UNDERLYING CONDITION last.	(A) slating the		ing the	t infecti	
ATION		RELATED TO THE				
CERTIFIC	19A. DATE OF OPERATION 19B.	CONDITION FOR WE	HICH OPERATION	No No	or No. 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
CAL	OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	218, P home, etc.)	LACE OF INJURY (e.g., i form, factory, street, of	fice bldg., INJURY OCCU	ID (If in Bolin	mare City, give exact location)
MEDI	21 D. TIME (Month) (Doy) (Y OF INJURY (APPROX.)	eor) (Hour) 21 E, II While Work	AI Not While Al Work		NJURY OCCUR?	
	22. I certify that (this hosp	ital) attended the	deceased from	3-30-	19 66 to	4-12 19606
	that (1) (we) last saw the dece	osed olive on	4-13-	19.66.01	nd that in (my) (our)	opinian death occurred on the dote
	and hour and from the couses	stated above.	(We) (did) (did nat) v	iew the body ofter de	oth.	
×	23A. SIGNATURE					23B. DATE SIGNED
	hall to to	Johnes	M.D. Atte	mding Med. Director	Stoff Phys.	4-12-1966
	Joel F. Haben		M.D.	A B B B B B B B B B B B B B B B B B B B	Avenue, Balt:	imore Maryland
24/	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C.NAA	NE OF CEMETERY SACR	ALAJORY DU / 12	DICAL COL	

25A. DATE REC'D VS 150-REV. 1/1/65

258. NAME OF REGISTRAR

5 1966 (P



death IMPORTANT to the hospital by approved

(5) Deceased of death

Undetermined cause;

4

A SO, of

contributing

5

0

ance

attend

Ular

2

SD

eath

who

physician

4

Body

(2)

any nature;

accident of

An

shows:

0

at

0.0

Was

the body was released

must

certificate

¥ ×

(except

medical burns;

0

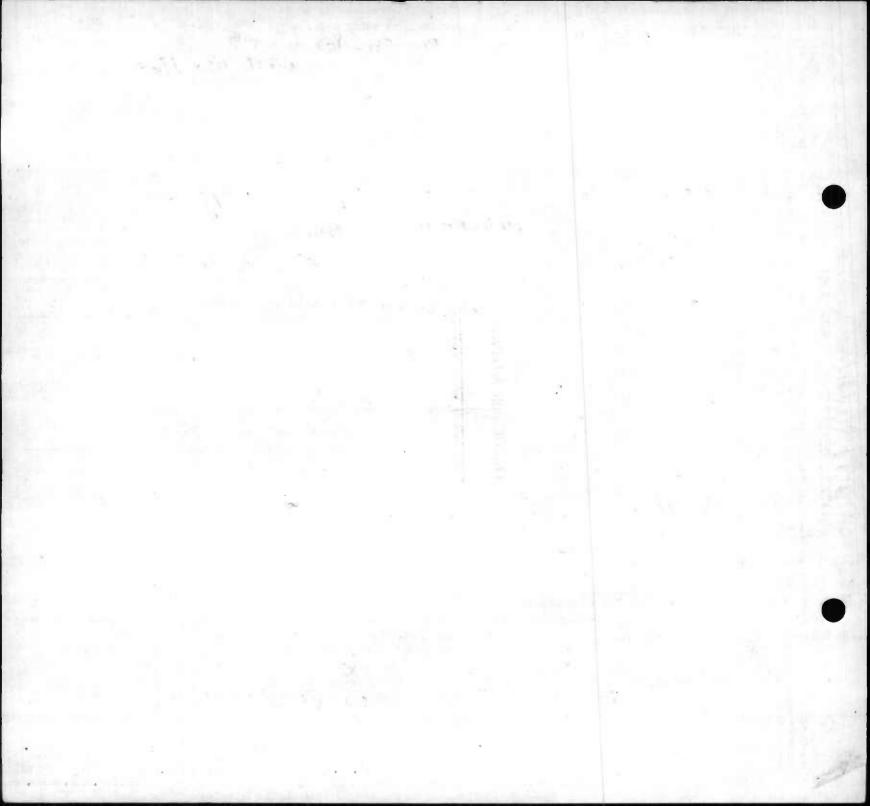
UD

hospital

cause

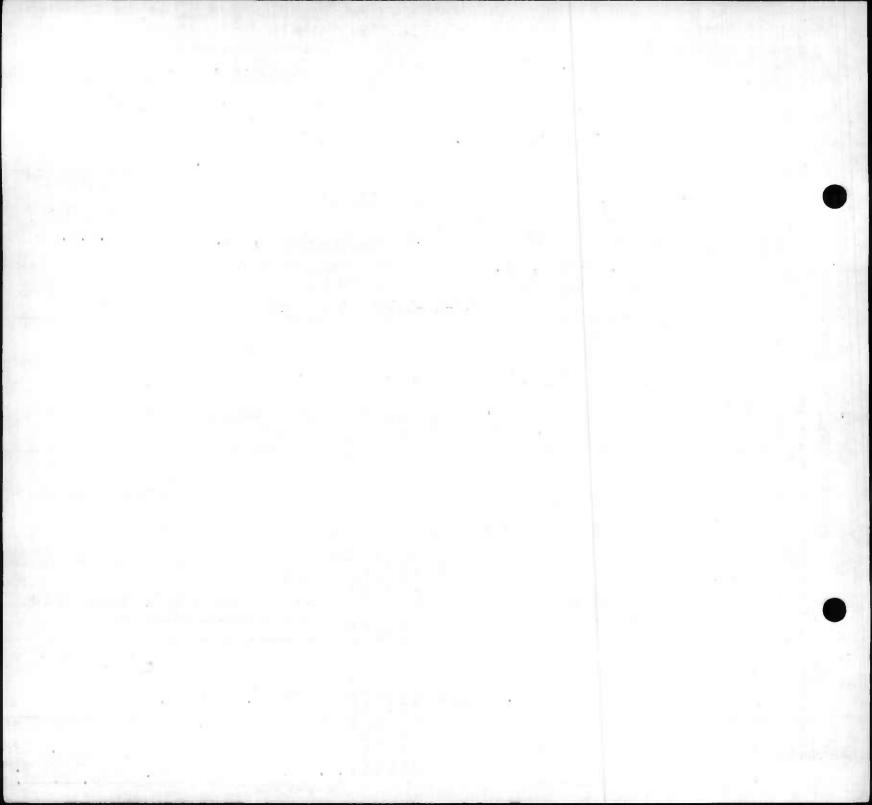
66 04190 BALTIMORE CITY HEALTH DEPARTMENT Registered North M.E. CASE NO. 4 Such DATE AND HOUR OF DEATH Type or Print) eath. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYCAND FULL NAME OF (If not in hospital ar institution, give street O HOSPITAL OR address or location) (If outside city limits, write RURAL and give township) INSTITUTION MEMORIAL prior made 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. Months: Doys eceased Hours WIDOWED, DIVORCED (specify) last birthdo; MALE CUHITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 2. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even if retired) INSURANCE INSURANCE HELPER LTIMORE 13. FATHER'S NAME OWINGS SAMUEL 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes,no or unknown) (If yes, give war or dates at service) 17. INFORMANT SOCIAL SECURITY NO. final P.O. B attendance MISS MARY 558-A (NIECE TES INTERVAL BETWEEN 0 ONSET AND DEATH PROVED DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not meon the mode of dying, heart failure, osthenia, etc. It means the disease 20 injury or complication which coused deoth.) gu ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving couse (A) slaling rise to the above UNDERLYING CONDITION lost the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTES physician DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY (Yes) or No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION OPERATION. WAS PERFORMED Atlack Helany before 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, factory, street, affice bldg., INJURY OCCUR? (If in Boltimore City, give exact lacation) OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) etc.) MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY Not While While At (APPROX.) Work At Work and 22. I certify that (I) (this hospital) attended the deceased from...... that (1) (we) last saw the deceased alive on... 19 and that in(my) (our) opinion death occurred on the date eath) hospital ond haur ond from the couses stoted obove. (1) (We) (did) (did not) view the bady ofter deoth. must 23A. SIGNATURE 23 B. DATE SIGNED Ö Attending X M.D. Med. 10 Director approval 23D. ADDRESS prior 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) deceased /26/1966 Burial St. John's Ellicott Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS H.W. Jenkins & Sons Co.

V\$ 150-REV. 1/1/65

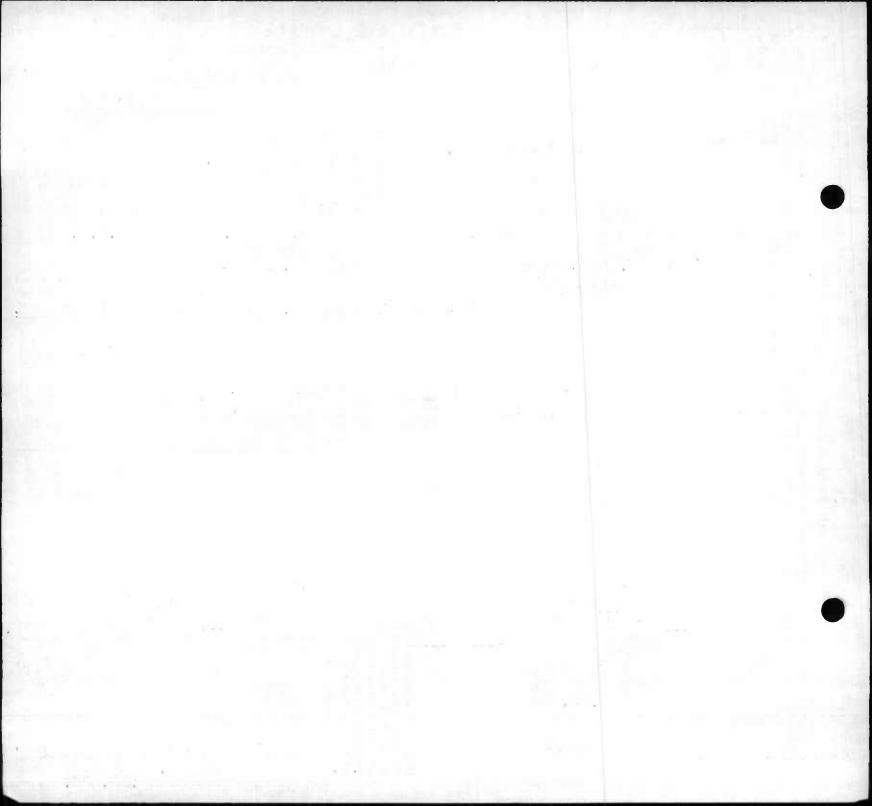


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

		C	COAL	BALTIMORE CITY	HEALTH DEPA	RTMENT	_ 7.65	0.43.63
BIRTH NO.	NO	O	0 11	91 CERTIFICA	TE OF D	EATH	Registered Na.	14131
	F DECEASED						ND HOUR OF DEATH	20
Type or Pri	int)	W. T	Jllrich	n Warner		Apri	1 24, 196	6 18 - PN
B. PLACE	OF DEATH IN	BALTIMORE, MA	RYLAND		4. USUAL RESI		ere deceased lived. (f	institution: residence before odmissian)
HO SPITA	AL OR o	f not in hospitol ddress or locotion	or institution,	give street		rland		RURAL ond give township)
INSTITU	IION	20.20 1/2	rmon Di		Pol+			
0		2920 W	yman Pr	cwy.			frurol, give locotion) n Pkwy	
. SEX	6. RACE		7. MARRIED.	NEVER MARRIED	B. DATE OF BIR		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
M	I V	Ι.	Neve	or Married	11/5/18	387	lost birthdoys	Months Doys Hours Min.
	most of working li		Banl	BUSINESS OR INDUSTRY	II. BIKIMPLACE	t (Stote or to	reign country)	12. CITIZEN OF WHAT COUNTRY?
	cutive			National	Balt	imore	Md.	U.S.A.
Fra	ncis A.	Warner	r, Jr.		Emma	Ullr	ich	
S. Wos De	eceased Ever in	U. S. Armed For	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	Г		ADDRESS
Ye		WI	is of service,	217-14-1116		Emma	Warner	(Same)
1B. 24	201	- 1		CAUSE O	FDEATH			ONSET AND DEATH
		ONDITION DIF	RECTLY		10.0		rosel	1 00 0
(This		the made al	dvina. e.a.	(A) LCL	ile ci	// / / /	1	1 College
heart	failure, asthenic	, etc. It means	the diseose,	500.10	me	oppe	cely	
Injury	· ·	which coused		(8)		10	-7	m-f
		DENT CAUSES		DUE TO				1770
		DITIONS, if			de	0		210
	RLYING CON		stolling line	(C)C		1	Suggested the	
-		11			in	-	d-Com (1958)
E TO 1	THE DEATH	CONDITIONS C	ATED TO TH					
A DIZEY	ATE OF OPERAT	ION CAUSING I		WHICH OPERATION	20A. AUTOPS	syr (Yes or h	No. 208 IF VES WERE	FINDINGS CONSIDERED
DI JAY D	ATE OF OTERA	WAS PER			40101	31		AUSES OF DEATH?
OR CO	CCIDENT WAS	UNDERLYING CAUSE OF	21 B. hom etc.	PLACE OF INJURY (e.g., in see, form, foctory, street, of	or obout 21 C. W fice bldg., INJUR	HERE DID	(If in Boltimo	re City, give exact locotion)
21 D. TI	ME (Month)	(Doy) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. H	OW DID IN	IJURY OCCUR?	
OF IN.				ile At Not While				
			Wo	***	701	-0-		11.
22. 1	certify that (1)	(this hospital	i) attended t	he deceased from	(-7-5		.19 to 4	1966
that (1) (we) last so	w the decease	ed alive on	4//	19.60	and t	hat in (my) (aur) op	inion death accurred on the dat
and he	aur and fram t	he causes stat	ted abave. (I) (Wa) (did) (did not) v	iew the bady a	fter death	•	
23A. 81	GNATURE	70-)					23 B. DATE SIGNED
VIII	1/1000	110	nn	M.D. Atte	nding	Med. Director	Stoff Phy s.	4/25/60
23 C. PH	HYSICIAN'S AME (Type)	Willia	um F. F	Renner	3D. ADDRESS		t. Paul St	
	AL CREMATION			M.D.				City, town, or county) (Stote)
-	OVAL (Specify)	1. /07 /2	011	O				
Bur:	LAL	14/2//1 LTH DEPT.	258 NAME C	Greenmount presentation	2SC, FUNER	AL DIRECTO		ADDRESS Del
AF	PR 25 19	66 00	8- 8 3	2. Over M.A.	H.W.	Jenki	ns & Zons	Co. Balto 12 Md
VS 150-RE	V. 1/1/65							1100 000 000



	H NO.	00	04192	CERTIFIC	ATE OF D	EATH	Registered No	6 11	4192
	AME OF DEC	Sarah	Pol	oerta Mac	kenzie		ND HOUR OF DEAT		6:20a
3. 1	LACE OF DEA	TH IN BALTIMORE, MA		Jerua Mac	4. USUAL RESI	DENCE (Wh	ere deceased lived. If	institution	residence before admission
- 1	FULL NAME O HOSPITAL OR NSTITUTION	F (II not in hospital oddress or location	or institution,	givo stroet	Maryl		utside city limits, writ	7-L	and give township)
2)	804 E	vesham	Ave.	Balti D. STREET ADD 804 E	DRESS (II	rurol, give location) AVe.		
5. S	EX	6. RACE		NEVER MARRIED	B. DATE OF BIR	тн	9. AGE (In years	If Ur	nder 1 Yr. If Under 24 Hr
	F	W		D. DIVORCED (specify)	2/9/18	78	lost birthdoyl	74101111	Tours William
don	HOUSOW:	working life, even if retired)		Town	Y 11. BIRTHPLACE	E (State or for		12. C	TT C A
	HOUSEW.		Own I	iome	Belai		Md.		U.S.A.
		Y. Maynadi	ier			P. M			
15. '(Ye	Was Deceased	Ever in U. S. Armed Fo	rces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	T			ADDRESS
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1 Robert	H. M.	ackenzie.	804	Evesham Ave
	18.4 20	5,11			OF DEATH		,		INTERVAL BETWEEN ONSET AND DEATH
	(This does n heart failure, injury at carr DISEASES Crise to the	DE OR CONDITION DE LEADING TO DEATH and meon the mode of asthenia, etc. It meon- application which couse. ANTECEDENT CAUSE OR CONDITIONS, if a above cause (A) G CONDITION last,	d dying, e.g., s the disease, d deoth.) S	(8)			Thrombos	is	2 Hours 15 Years
ATION	TO THE D	FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING	ATED TO TH	1E	No				
CERTIFIC	19A. DATE OF	OPERATION 198. COI	NOTION FOR	WHICH OPERATION	20A. AUTOP	SY? (Yes or N	IN CERTIFYING C	E FINDIN	GS CONSIDERED OF DEATH?
CAL CE	21 A. ACCIDEN	TING CAUSE OF	216 hometo	B. PLACE OF INJURY (e.g. ne, lorm, foctory, street, .)	in or obout 21 C. W olfice bldg., INJUR	HERE DID	(If in Boltim	eare City,	give exact location!
MEDI	21 D. TIME OF INJURY (APPROX.)	(Month) (Doyl (Year)		INJURY OCCURRED	hilo 🗀	OW DID IN	JURY OCCUR?		
	that (I) (we)	last saw the deceas	ed alive an	he deceased from MAPPIL (I) (We) (did) (did not)	19 19 66)and t			21 19 66 and the da
	COA CLOSE ATEL	RE DO				-		23 B. C	ATE SIGNED
	23A. SIGNATU		fan	M.D. A	ttending ys.	Med. Director	Stoff Phy s.		4/21/1966
	A.	J. Chi			23D. ADDRESS				
	23C. PHYSICIA	NS ype) A. S.	Chalfar	nt M.		York	Road		
	23C. PHYSICIA NAME (T	A. S.		AME OF CEMETERY OF C	6210			(City, tow	n, or county) (Stote)
	23C. PHYSICIA NAME (T	MATION, 248. DATE 1/23/	24C.N		6210	24D.	LOCATION		n, or county) (Stote)



any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

a hospital and

occurred in

uo

attendance

in regular

Was

death

was D.O.A. at a hospital (except where the physician who pronounced

the body was released to the hospital by a

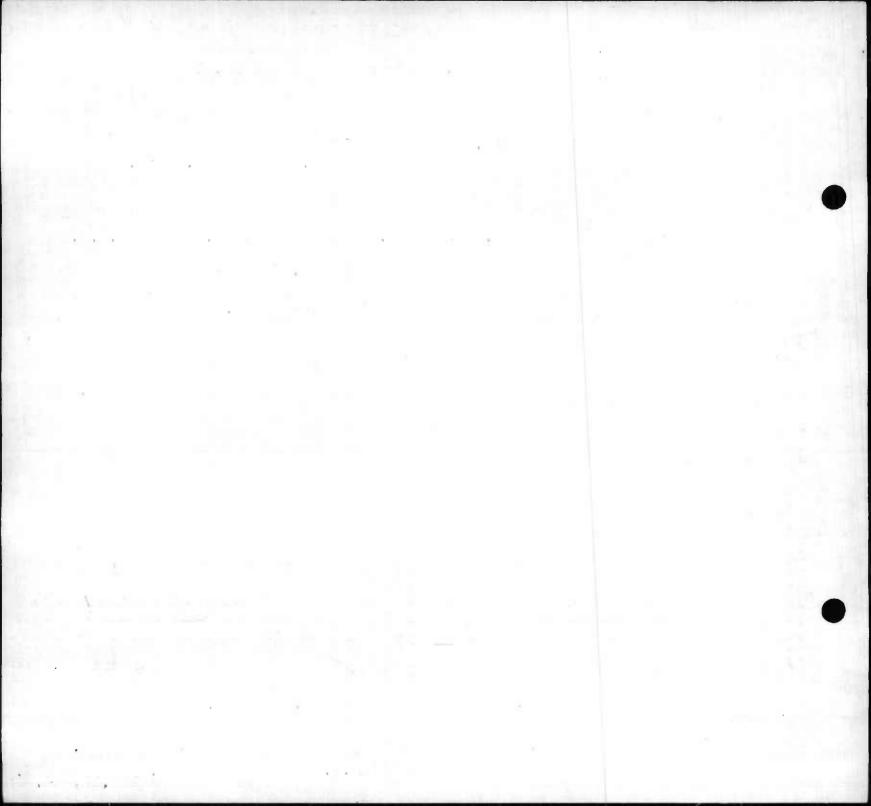
(1) An accident of

shows:

				BALTIMORE CITY	HEALTH D	EPARTMENT		2 5 1	4100
BIRTH		66 04	193	CERTIFICA	TE OF	DEATH	Registered N	0.)]/	1193
I, NA	ME OF DECEASE or Print)	D				2. DATE	AND HOUR OF DEA	тн	,30.
	111 7 22	Fran		H. Rya		Apri	1 21, 196	56	10 P
3. PL	ACE OF DEATH	IN BALTIMORE, MA	RYLAND		A. STATE	RESIDENCE (WE B. COU	nere deceased lived. I	f institution: re	sidence before odmiss
HC	ILL NAME OF DSPITAL OR STITUTION	(If not in hospital oddress or location		give street	c. city or	yland	outside city limits, wri	te RURAL one	give township)
0		Presto	n Apts		Bal D. STREET	timore	If rural, give location)		
					218	E. Pre	ston St.	(Apt.	2D)
5. SE)	K 6. R.	W.	WIDOWE	NEVER MARRIED D, DIVORCED (specify) Or Married	8. DATE OF 9/23	/1898	9. AGE (In years lost birthday)	Month's	TYr. If Under 24 Days Hours Min
		ION (Give kind of working life, even if retired)		BUSINESS OR INDUSTRY			reign country)	12. CITI	EN OF
	erk-Ret		Balto.	Transit Co.	B	altimor	e Md.	T	J.S.A.
-	ATHERS NAME		paz 00	1110110	14. MOTHE	altimor Rs MAIDEN N	AME		J.D.A.
La	nty Rya	n			Mar	y A. O	Brien		
15. W	as Deceased Ever	in U. S. Armed For	ces?	16. SOCIAL SECURITY NO.	17. INFORM				ADDRESS
1103,1	No	es, give wor or dole	3 01 36141641	SECORITI NO.	Miss I	Marcare	t E. Ryan	(50	ame)
1	B. 44 20	7.1		CAUSE C	F DEATH	Bar o	Jus Hyan		INTERVAL BETWEEN
	1 65	R CONDITION DI	RECTLY					,	ONSET AND DEATH
	LEA	DING TO DEATH		(A) Cor	ervas	ythre	messe) /	SW.
		neon the mode of enia, etc. It means				1			
		lion which coused		0 4	0	110-0	111	5	
	ANTI	CEDENT CAUSES		DUE TO		T			A
		CONDITIONS, if		551.5					U
	ise to the of	bove couse (A)	stoling the	(C)	~~~~~				
Ľ		11							
Z	OTHER SIGNIFICA	NT CONDITIONS C	ONTRIBUTIN	G					
=	TO THE DEATI	H BUT NOT RELA	TED TO TH	JE					
FICA	9A. DATE OF OPE		DITION FOR	WHICH OPERATION	20 A. AU1	TOPSY? (Yes or I	Not 208, IF YES, WE	RE FINDINGS	CONSIDERED
ERTIFIC	0								
AL C	PIA. ACCIDENT WORLD CONTRIBUTING DEATH Incide med			PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or about 210 Iffice bldg., IN.	C. WHERE DID JURY OCCUR?	(If in Bollin	more City, give	e exact location)
0 2	ID. TIME (Me	onth) (Doy) (Year)	(Hour) 21E	INJURY OCCURRED	211	F. HOW DID IN	NJURY OCCUR?		
	APPROX.)			ile Al Not Whi	le 🖂				
	APPROX.)		Wo	rk At Work					
2	2. I certify that	(1) (this hospital	attended t	he deceased fram					e 21 19 b
1	hat (1) (we) last	saw the decease	d alive an	aprile 5	19.6	6 and	that In (my) (our)	pinion deat	h accurred an the
a	ind haur and fra	m the causes sta	red abave. (1) (4) (did) (did not)					
2:	3A. SIGNATURE	11						23 B, D AT	E SIGNED
	M. 19.	Trong		M.D. Att	ending	Med. Director	Stoff Phys.	of.	21.66.
2	3C. PHYSICIAN'S	7		1 (0)	23 D. ADDRES		1117 3		
	NAME (Type)	Willian	H. Gr	enzer M.D.	1520	DE. 33	rd St.		
	BURIAL CREMAT		24C. N.	AME of CEMETERY of CR	EMATORY		LOCATION	(City, town, o	r county) (Stot
-	REMOVAL ISpecia		064 N	معدد المسالم من عدد	7	773	0746		363
	DATE REC'D BY	4/25/1		ew Cathedra		NERAL DIRECTO	altimore,		Md .
	APR 95	1066	6.0 7	. 0			s & Sons	Co. lic	905_York_H
1	FT 13 (a)	IMPARA (10 77	I Street A T	A 11 MA III	The state of	4 ~ ~~~~~~~		~~ · L.	/ U / + U + I

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Baltimore
| 25C. FUNERAL DIRECTOR |
H.W.Jenkins & Sons Md.
ADDRESS
4905 York Co

25 VS 150-REV, 1/1/65



deceased

23C. PHYSICIAN'S NAME (Type)

and

=

Deceased of death on the Such

death.

attendance

	BIRTH NO. 66 04194		HEALTH DEPARTMENT	Registered No.	6 04194
	M.E. CASE NO. 1. NAME OF DECEASED JONES (Typo or Print) NELLIE BIAYS 3. PLACE OF DEATH IN SALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give		2. DATE AN 4 - 2 4. USUAL RESIDENCE (Who A. STATE B. COUN MARYLAND		000
6	HOSPITAL OR ODDIES OF LOCOTION) INSTITUTION CHURCH HOME AND HOS BALTIMORE, MARYLAN		BALTIMOR D. STREET ADDRESS (IF	rurol, give location)	
	S. SEX 6. RACE WHITE 10A. USUAL OCCUPATION (Give kind of work) done during most of working life, even it retired) NONE 13. FATHERS NAME	DIVORCED (specify) DWED BUSINESS OR INDUSTRY	5-25-78		If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? United States
	15. Wos Deceased Ever in U. S. Armed Forces? (Yos, no or unknown) (If yes, give wor or dotos of service)	6. SOCIAL SECURITY NO.	MARY COLOFOR		F. S. ADDRESS MEADOWOOD RI P. 2/2/2
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving	CAUSE O	thereless		INTERVAL BETWEEN ONSET AND DEATH

UNDERLYING CONDITION lost. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY (You or No) 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact location) MEDICAL DEATH (notify modical exemined 21 D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an ...and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED

24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY (State) REMOVAL (Specily) Burial 26/ 1966 Baltimore 2SC. FUNERAL DIRECTOR Loudon Park Md ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR H.W. Jenkins & Sons Co.
Balto. York Rd. Co. VS 150-REV. 1/1/65

Attending Phys.

23D. ADDRESS

Mod. Director

ARTICIPAN WAS THE THEORY BALFIRETE NA STEAD STEEL

4.1 84-35-8 NOOM STIAM 4

HARYEAWD UNION

NONE

a hospital

6	5 (14 19)	TY HEALTH DEPARTMENT	N. 06 04195
MRTH NO.	CERTIFIC	ATE OF DEATH Registered	
1. NAME OF DECEASED	GARET O'LAUGHLIN	2. DATE AND HOUR OF DEA 4-24-66	7 AM
3. PLACE OF DEATH IN BALTIMOR	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admi
FULL NAME OF (If not in ha	spital ar institution, give street	MARYLAND	2601
HOSPITAL OR address or I	ocotion)	C. CITY OR TOWN (If autside city limits, w	rite RURAL and give township)
THE JOHNS HO	PKINS HOSPITAL	BALTIMORE	
13		D. STREET ADDRESS (If rurol, give location 5404 GERLAND A	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 2
FEMALE WHITE	WIDOWED, DIVORCED (specify) W 1 D O W	3-13-92 lost birthdoy)	Months Doys Hours N
10A, USUAL OCCUPATION (Give kind- done during most of warking life, even if re		RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.
13. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
FREDERICK XXXX	KDXX Witte	? Annie Zapp	
15. Was Deceased Ever in U. S. Arm (Yes, no ar unknown) (If yes, give wor	r dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mr Louis O'Loughlin 2513	Hillford Dr # 3/4
1B. 44 70	210=20⇒ 3029 CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITIO	N DIRECTLY		ONSET AND DEAT
LEADING TO DE	(A) FLy U	cardial infarction	2 days
(This does not mean the mo- heart failure, asthenia, etc. If r	reans the disease,		
injury or complication which c		CVD	years
ANTECEDENT CA	USES (B)		
DISEASES OR CONDITIONS	4.4.4	<u>u</u>	
UNDERLYING CONDITION IO			
OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT DISEASE OR CONDITION CAUSE	RELATED TO THE appart 2	hypoxic damage seconds days before death.	ary to cardiac
U 19A. DATE OF OPERATION 198	CONDITION FOR WHICH OPERATION S PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WI	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	NG 218 PLACE OF INJURY (e.g home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	imore City, give exoct locotiant
21D. TIME (Month) (Doy)	Year) IHour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
E APPROX)	While At Not W	ork	
22. I certify that (1) (this ha	pital) attended the deceased fram	Apr 22 1986 to	Apr 22 24 19
that (1) (%) lost sow the de	Anni 7 24	66	apinion death accurred an th
	s stoted obave, (1) (Wg) (did) 1010 mor		opo. doom occorred on m
23A. SIGNATURE	31010d 050 ve. (1) (130 (drd) 3636 Alg.	·	23B, DATE SIGNED
unger	Harry M. D.	Attending Med. Stoff Int	erne Apr 24, 1
23C. PHYSICIAN'S NAME IType)	i mungan	Phys, Director Phys, 23D. ADDRESS	
W. Leigh	Thompson M.	Osler: JOhns Hopkins	Hospital
24A. BURIAL CREMATION, 24B. DA		CREMATORY 24D. LOCATION	(City, town, or county) (St
Burial 1/27	66 Parkwood	Baltimore	Marvland
25A. DATE REC'D BY HEALTH DEPT	25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	Maryland
APR 25 1966 (2)	O B. C. Jan D. M. M.		

Parkwood 25B. NAME OF REGISTRAN 4/27/66 OcuMA

APR

VS 150-REV. 1/1/65

25

Leonard J Ruck Inc. 5305 Harford Rd

In the treat the second state in the content

attendance on the death.

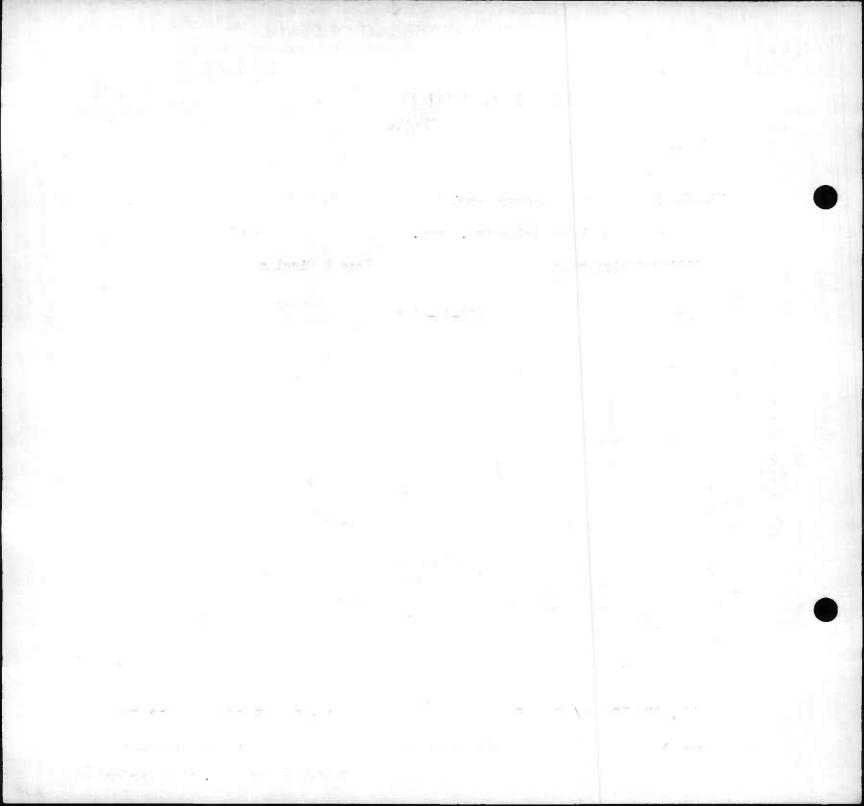
regular

a hospital and of death

1		66 U4196 BALTIMORE CITY	HEALTH DEPARTMENT	4 4 4 4 4
ل ا	11	CERTIFICA	TE OF DEATH Registered No.	14196
2	1.1	E CASE NO.	2. DATE AND HOUR OF DEATH	
Su	(Ту	pe or MAPIE R. FISHER	4/23/66	GA
Ė		PLACE OF DEATH IN BALTIMORE, MARYLAND	14. USUAL RESIDENCE (Where deceased lived, If instit	ution: residence before admission)
eath.			A. STATE B. COUNTY	onon, residence before odnikasion
P	C	ERTIFICATE or AMENDED Oddress or locotion)	MARYLAND GALTUMOR	E
		HOSPITAL OR oddress or locotion) NSTITUTION 47-9/66	C. CITY OR TOWN (If outside city limits, write RUI	RAL my give township)
٥ ,	1/		DOLTIMORE	0.01
0	7	UNION MEMORIAL HOSP,	D. STREET ADDRESS (If rural, give location)	
prior		- 0-	1521 EAST MESTON	34
-0	5.	6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	f Under 1 Yr. If Under 24 Hrs. Norths: Days Hours Min.
deceased tion is ma	C.,	WIDQWED, DIVORCED (specify)	911106 lost birthdoyl	Aonths Days Hours Min.
is is	104	USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF
BC	don	e during most of working lile, even if retired)		WHAT COUNTRY?
D:=		Clerk Union Mem. Hosp.	USO Maryland	1124)
0 0	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
the decision	1	Villiam H Fisher Sr	Rose M Diggins	
P	15.	Was Deceased Ever in U. S. Armed Farces? 16. SOCIAL	17. INFORMANT	ADDRESS
0 0	(Ye	s, no or unknown) (If yes, give war or dates of service) SECURITY NO.	L'elliper POMITT	262 1381
Fin		No. 212-12-7125	Lacorda 1011111	785-1204
attendance Imed or final		1B. 42 CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
E P		DISEASE OR CONDITION DIRECTLY	1.4	
##		LEADING TO DEATH	Wienus	8 Months
		(This does not mean the made of dying, e.g., DUE TO heart foilure, asthenio, etc. It means the disease,	1 0	
2 A		injury or camplication which caused death.)	4SCVP IND.	
gel		ANTECEDENT CAUSES (B) DUE TO	1200	
are		DISEASES OR CONDITIONS, if any, giving		
		rise to the above couse (A) stating the (C)	**************************************	
Sins		UNDERLYING CONDITION lost,		
was	7	II A	, , ,	
0 0	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	cicantition Pi	may to
sician was in the remains	A	DISEASE OR CONDITION CAUSING IT.	160101113	a cure.
Vo physician before the re	CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIN	DINGS CONSIDERED
hy re	E SE	214 ACCIDENT WAS UNDERLYING TO 1215 BLOOD OF DAMAGE	Jis Je	
00	AL O	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of	fice bldg., INJURY OCCUR?	ity, give exact location)
No	U		** And the second secon	
ed o	EDI	21D. TIME (Month) (Doyl (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
3.E	1	(APPROX.) While At Work At Work	е	
nd		22. I certify that (1) (this hospital) attended the deceased fram	4143 66 19 10 413	23/66 19
; and (6) N obtained		410011		
be be			19and that in(my) (aur) apinio	on death accurred an the date
St		and hour and fram the causes stated above. (1) (We) (did) (did nat) v	iew the bady after death.	
d c		23A. SIGNATURE		BR. DATE SIGNED
0-		M.D. Atte	s. Med. Stoff Phys.	4/23/66
- >		23 C. PHYSICIAN'S	23D. ADDRESS	
Pro		NAME (Type) M.D.		
eceased prior to death); rritten approval must be c	24/	DR WAITER T/ BOONE A. BURIAL CREMATION, 1248. DATE 24C. NAME of CEMETERY OF CRE	MATORY UNION MEMORIAL HOSE	town, dr county) (State)
Sec		REMOVAL (Specily)	tony,	, or coomy, (side)
ed i		Burial 4/27/66 Holy Redeemer	25C. FUNERAL DIRECTOR Mary	land
ec.	254			
ਰ }		APR 25 1966 PO R. C. I.O.	Leonard J Ruck Tnc 5305 1	Hamfand Dd

VS 150-REV. 1/1/65

Leonard J Ruck Inc. 5305 Harford Rd



	TH NO. E. CASE NO.		MEDIC	LALEX	AMINER 5 CI	EKTIFIC	ATE OF	DEATH Registe	ered No	
1.	NAME OF DEC	EASED	ge ^E •NO	37TI O				D HOUR PRONOUNC		
	PLACE IN BALT				NCED DEAD	A LALIZIL A		/24/66	1.]	M.
FU	LL NAME OF SPITAL OR STITUTION	(IF NOT IN		OR INSTITU	TION, GIVE STREET	Mar C. CITY OR	rl and	B. COL	INTY	
1	City	Hosp.	(DOA)			D. STREET A	DDRESS (If rurol,			
5. 5	SEX	6. RACE	[7	MARRIED,	NEVER MARRIED	3308 B. DATE OF	Grenton BIRTH	9. AGE (In years	If Under 1 Yr.	. If Under 24 Hrs.
Ä,	М	W		vidowed, d Vever M	DIVORCED(specify)	July 20	1007	lost birthdoyl 58	Months Doys	Hours Min.
	. USUAL OCCU		ind of work		BUSINESS OR INDUSTRY	11. BIRTHPLA	CE (State or foreig		12. CITIZEN O	F HINTPY?
C:	laim Exa	miner	ii remod)	State	Of Md.		yland		U. S. A	
	FATHER'S NAM						MAIDEN NAM			
15.	Charles WAS DECEASED				16. SO CIAL	17. INFORMA	abeth Llo	yd	ADDRESS	
	s, no or unknown) es	WW 11	or or dates	of service)	212-14-0544	Mrs Et	ta H. Bla	ack 3308 Gr	enton Av	e
	18.	9.1.	Maria II	E The	CAUSE	OF DEATH	TE I M			ERVAL BETWEEN
CERTIFICATION	DISEASES (RISE TO THI UNDERLYIN OTHER SIGN TO THE		DNS, IF AN ISE (A) STAIN LAST.	ONTRIBUTING THE		20A. AUTO	DPSY? (Yes or No)	208, IF YES, WERE FII		
	21 A. EXTERNAL				DI A CE OF INTERV	no	C WHERE DID			
MEDICAL	UNDERLYING UTING CAU	OR CONTRIB-			PLACE OF INJURY (e.g., i form, foctory, street, o			tir in baltimore City, gi	ve exoci toconor	1)
2	OF INJURY (APPROX.)	(Month) (Do	y) (Yeor)		HILE AT NOT NORK	WHILE	HOW DID INJU	JRY OCCUR?		
		ER'S	fyol cous	exX A		opsy Hor CHIE	. —	AMINER X	er DA	ATE SIGNED - 24-66
	BURIAL CREA	AATION, 23B.	DATE		NAME of CEMETERY o	CREMATOR	23D. L	OCATION (City,	, town, or county	(Stote)
24/	Burial	BY HEALTH D	27/66 EPT.	24B NAME C	oudon Park	24C. FU	Ba]	Ltimore	Md.	ESS
					Carley M. M	-		ek Inc. 5305		

	empel &		
	ornal trail		
	art netnero orenton fre		
	1007 AS 4000	Naver Narried	
.4.6.3	funfwelf	.35 %5 atats	Claim Comings
	In Manual II		novol moined
ASOR Overton tive	she for Little H. Wools	01/11/15/15	St. St. Conf.
		his motors! b	Burdat Lafavia
de. 1905 Furton Br.			

	pe or Print)	EASED E				2, 1	DATE AN	1 D HOUR OF DEATH	4	528
3. P	PLACE OF DEA	ATH IN BALTIA	YOWELL MORE MA	RYLAND			CE (Whe	re deceased lived. If	institution: resid	dence before or
F	FULL NAME O		in hospital a	or institution,	give street	BALTIM		ITY tside city limits, write	LO C	jiv township)
	THE JOHN	TE LIODET	ME HOS	TATTOS			YLAN			
,		BROADWA		21205		D. STREET ADDRESS	S (If	rural, give location)	07.001	
5. \$	SEX	6. RACE			NEVER MARRIED		KHNW	9. AGE (In years	If Under 1	
		1717	700 773		D, DIVORCED (specily)	Sept. 27. 1	1886	lost birthdoy)	Months D	ays Hours
10A			kind of work	MARR.	F BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stot	te or fore	ign country)	12. CITIZEN	
-	e during most of	_				172 2 2				COUNTRY?
	etired (er			Virginia			U.S.	А.
13.	FATHER'S NAM					14. MOTHER'S MAIL				
	JOHN YO	WELL				JUL1	LA BE	ASLEY		
15. Y	Was Deceased s, no or unknown	Ever in U. S.	Armed For	ces? s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT			A	DDRESS
						Mrs Gertm	ude Y	Towell 135	N. Kenwa	ood Ave
	18. 5-9	7.01			CAUSE	OF DEATH			IN'	TERVAL BETWE
	DISEAS	E OR COND	ITION DIR	RECTLY		3				SET AND DEA
		LEADING TO	DEATH		(A) C+	4RONIC PI	ULHO	NARY DISE	ASE	VEAR:
		nal meon the			DUE TO					
		osthenia, etc.						1		
		ANTECEDENT			(B)			\$100 \$100 m m made \$100 \$100 \$100 \$100 \$100 \$100 \$100 \$10		
					DUE TO					
	DISEASES C	OR CONDITION	DI ZIO	any sivin-						
		OR CONDITION					/			/
	rise to the		ouse (A)				/) a a a a a a a a a a a a a a a a a a a	
	rise to the	e above ca	ouse (A)							
NO	other Signi	e above ca G CONDITIOI	n last,	sloting the	(c)					
ATION	other signi	e above ca G CONDITIOI	DITIONS C	sloting The	(c)	EROTIC GARD	-vas			YEARS
FIC	other signi	e above co G CONDITION IFICANT CONI EATH BUT CONDITION C	DITIONS C NOT RELACAUSING I	Sloting The	(c)	20 A. AUTOPSY? (Y	Yes or No	D) 208, IF YES, WERI	FINDINGS C	YEARS ONSIDERED ATH?
FIC	OTHER SIGNI TO THE D DISEASE OR	e above co G CONDITION IFICANT CONI EATH BUT CONDITION C	DITIONS C NOT RELA	Sloting The	G ARTERIO SCL		Yes or No		FINDINGS C	YEARS ONSIDERED ATH?
ERTIFIC	OTHER SIGNI TO THE D DISEASE OR	E OBOVE CO G CONDITION INTERPRETATION CONTRACTION CONTRACTION	DITIONS CONOT RELACAUSING 1 198. CON WAS PERI	ONTRIBUTIN TED TO THE T. DITTON FOR FORMED	G ARTERIO SCI WHICH OPERATION	in or obout 21 C. WHER	Yes or No	O) 20B. IF YES, WERI	FINDINGS C	ATH?
AL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR	E OBOVE CO G CONDITION III IFICANT CONI EATH BUT CONDITION OPERATION	DITIONS C NOT RELA CAUSING I 198. CON WAS PERI	ONTRIBUTIN TED TO THE T. DITTON FOR FORMED	G ARTELIO SCL WHICH OPERATION B. PLACE OF INJURY (e.g., no., forting, street,	in or obout 21 C. WHER	Yes or No	O) 20B. IF YES, WERI	E FINDINGS CO AUSES OF DE	ATH?
DICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify	E OBOVE CO G CONDITION IFICANT CONI EATH BUT CONDITION OPERATION NT WAS UND UTING CAU	DITIONS C NOT RELA CAUSING I 198. CON WAS PERF	Sloting The ONTRIBUTIN T. DITION FOR FORMED 218 hon etc.	G ARTERIO SCI WHICH OPERATION 3. PLACE OF INJURY (e.g., ne, lorm, foctory, street,)	in or obout 21 C. WHER INJURY OC	Yes or No	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CO AUSES OF DE	ATH?
AL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDE OR CONTRIBL DEATH (notify	E OBOVE CO G CONDITION III IFICANT CONI EATH BUT CONDITION OPERATION	DITIONS C NOT RELA CAUSING I 198. CON WAS PERF	Sloting The ONTRIBUTIN T. DITION FOR FORMED 218 hon etc. (Hour) 218	G ARTERIO SCI WHICH OPERATION B. PLACE OF INJURY (e.g., ne, form, foctory, street,)	in or obout 21 C. WHER office bldg., INJURY OC	Yes or No	O) 20B. IF YES, WERI	E FINDINGS CO AUSES OF DE	ATH?
DICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF OR CONTRIBL DEATH (notify) 21 D. TIME	E OBOVE CO G CONDITION IFICANT CONI EATH BUT CONDITION OPERATION NT WAS UND UTING CAU	DITIONS C NOT RELA CAUSING I 198. CON WAS PERF	Sloting The ONTRIBUTIN T. DITION FOR FORMED 218 hon etc. (Hour) 218	G ARTELIO SCL WHICH OPERATION R. PLACE OF INJURY (e.g., ne, lorm, foctory, street, ne) L. INJURY OCCURRED Not Wh	in or obout 21 C. WHER office bldg., INJURY OC	Yes or No	20B. IF YES, WERI IN CERTIFYING C	E FINDINGS CO AUSES OF DE	ATH?
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CAU March (Month) (Dotter that (#) (this	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) S hospital	ONTRIBUTIN TED TO THE T. DITION FOR Houri (Hour) 21E WW. Wc	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, or the first of the deceased fram	in or obout 21 C. WHER office bldg., INJURY OF	Tes or No	OP 208. IF YES, WERI IN CERTIFYING C	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CAU March (Month) (Dotter that (#) (this	DITIONS CONTRELACOUNT RELACOUSING I 198. CON WAS PERIFORM (Year) S hospital	ONTRIBUTIN TED TO THE T. DITION FOR Houri (Hour) 21E WW. Wc	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, or the first of the deceased fram	in or obout 21 C. WHER office bldg., INJURY OF	Tes or No	OP 208. IF YES, WERI IN CERTIFYING C	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. ACCIDEN OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we)	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION CONDITION CONDITION CONDITION CONDITION CONDITION CAU modical example (Month) (Date that (H) (this last saw the	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) s hospital e decease	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, or the first of the deceased fram	in or obout 21 C. WHER office bldg., INJURY OF	RE DID CCUR?	OP 208. IF YES, WERI IN CERTIFYING C	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. ACCIDEN OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION OPERATION IT WAS UND JING CAU motical exam (Month) (Do that (H) (this last saw the	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) s hospital e decease	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION R. PLACE OF INJURY (e.g., ne, form, foctory, street, or the first of the deceased fram	in or obout 21 C. WHER office bldg., INJURY OF	RE DID CCUR?	OP 208. IF YES, WERI IN CERTIFYING C	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. ACCIDEN OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we)	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION OPERATION IT WAS UND JING CAU motical exam (Month) (Do that (H) (this last saw the	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) s hospital e decease	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION R PLACE OF INJURY (e.g., ne, lorm, foctory, street, ne) L INJURY OCCURRED Mile At Not What North At Work the deceased fram APR (C)	in or obout 21 C. WHER office bldg., INJURY OF	RE DID CCUR? DID INJ and the	208. IF YES, WERING COMMENTED TO COMMENT OF THE COM	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. ACCIDEN OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	E above con CONDITION IFICANT CONDITION EATH BUT CONDITION OPERATION IT WAS UND JING CAU motical exam (Month) (Do that (H) (this last saw the	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) s hospital e decease	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, foctory, street) L. INJURY OCCURRED Mile At Month At Work The deceased fram All (We) (did) (did nat)	in or obout 21 C. WHER office bldg., INJURY OF 19 66 vlew the bady after vs. Direct	RE DID CCUR? DID INJ and the	OP 208. IF YES, WERI IN CERTIFYING C	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we) and haur and 23A. SIGNATU	FICANT CONDITION FICANT CONDITION FATH BUT CONDITION OPERATION IT WAS UND THAT (#) (this last saw the	DITIONS CONT RELACTIONS CAUSING I 198. CON WAS PERIFORM (Year) s hospital e decease	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, foctory, street) L. INJURY OCCURRED Mile At Month At Work The deceased fram All (We) (did) (did nat)	in or about 21 C. WHER office bldg., INJURY OC	RE DID CCUR? DID INJ and the	208. IF YES, WERING COMMENTED TO COMMENT OF THE COM	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. ACCIDEN OR CONTRIBL DEATH (notify 21 D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we) and haur and	FICANT CONDITION FICANT CONDITION FATH BUT CONDITION OPERATION IT WAS UND THAT (#) (this last saw the	DITIONS CONT RELACTOR OF RELAC	ONTRIBUTIN ITED TO THE T. DITION FOR Houri 21E WW. W.) attended 1 dd alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, foctory, street) L. INJURY OCCURRED Mile At Month At Work The deceased fram All (We) (did) (did nat)	in or about 21 C. WHER office bldg., INJURY OC	RE DID CCUR? DID INJ and the	208. IF YES, WERING COMMENTED TO COMMENT OF THE COM	APRIL	exoct lacotion)
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19 A. DATE OF 21 A. ACCIDED OR CONTRIBL DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify that (H) (we) and haur and 23 A. SIGNATU 23 C. PHYSCIA NAME TO	IFICANT CONDITION IFICANT CONDITION EATH BUT CONDITION OPERATION IT WAS UND ITING CAU medical exam (Month) (Do that (H) (this last saw the	DITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSING 198. CON WAS PERFORM ON THE CONTRIBUTION OF THE	ONTRIBUTINITED TO THE. ODITION FOR FORMED (Hour) 21E WW. W. od alive an	WHICH OPERATION R PLACE OF INJURY (e.g., ne, lorm, foctory, street) L INJURY OCCURRED Mile At Not What At Work The deceased fram APR M.D. At Ph	in or about 21 C. WHER office bldg., INJURY OF the	Tes or No.	208. IF YES, WERING COMMING CO	APKIL pinlan dooth 238, DATE	2A 19 occurred on to 2A -0 BACT
MEDICAL CERTIFIC	OTHER SIGNI TO THE D DISEASE OR 19A. DATE OF 21A. ACCIDED OR CONTRIBL DEATH (notify) 21D. TIME OF INJURY (APPROX.) 22. I certify that (#) (we) and haur and 23A. SIGNATU	E above con CONDITION II IFICANT CONITION EATH BUT CONDITION OPERATION INT WAS UND TIMES CAU MACTION (this Lost saw the	DITIONS CONT RELACTOR OF RELAC	ONTRIBUTINITED TO THE. ODITION FOR FORMED (Hour) 21E WW. W. od alive an	WHICH OPERATION B. PLACE OF INJURY (e.g., ne, lorm, foctory, street) L. INJURY OCCURRED Mile At Month At Work The deceased fram All (We) (did) (did nat)	in or about 21 C. WHER office bldg., INJURY OF the	DID INJ DID INJ and the death.	208. IF YES, WERING COMMENT OF THE PROPERTY OF	APRIL	2A 19 occurred on 1 2A -0 BACT
MEDICAL CERTIFIC	other signito the Disease or 19A. Date of 19A. Date of OF Injury (APPROX.) 21D. Time of Injury (APPROX.) 22. I certify that (H) (we) and haur and 23A. SIGNATU	E above con CONDITION II IFICANT CONITION EATH BUT CONDITION OPERATION IT WAS UND TIMES CAU MACTION (this Last saw the description of the control	DITIONS CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS CAUSING 198. CON WAS PERFORM ON THE CONTRIBUTION OF THE	ONTRIBUTINITED TO THE T. DITTON FOR MED 21E Honorest. (Hour) 21E WW. W.C.) attended to alive an	WHICH OPERATION R PLACE OF INJURY (e.g., ne, lorm, foctory, street) L INJURY OCCURRED Mile At Not What At Work The deceased fram APR M.D. At Ph	in or obout 21 C. WHER office bldgs. INJURY OC 21F. HOW ille 19 66 VIew the bady after thending Direct 23D. ADDRESS 601	DID INJ DID INJ and the death.	208. IF YES, WERING COMMINION CONTROL OF THE PROPERTY OF THE P	APKIL pinlan dooth 238, DATE	2A 19 occurred on to 2A -0 BACT

Leonard J Ruck Inc 5305 Harford Rd

or his assistant if death IMPORTANT approved by the chief medical examiner FUNERAL DIRECTOR:

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

examiner.

medical

the body was released to the hospital by a

This certificate must be

Also,

was D.O.A. at a hospital (except where the physician who pronounced

V\$ 150-REV. 1/1/65

death

hospital and

was in regular attendance on contributing cause

death

4-24-66, 54

Vargeinin

CHRONIC PURHOWARY DISEASE

ARTICLE SCLERGIC CARB-VASCOURK DISERSE

234

APR 24 FPRIL 14, 66

PAINER H. EUGEL JOHNS HOPKINS HOSPITAL, BALTO

S. PRACE IN BALTIMORE MARILAND, WHERE PRONOUNCED DEAD C.	M.E. CASE NO.				-,,245 .87	E OF DEATH Registe	
3. PRACE IN BAILMORE MARKLAND, WHEE PRONOUNCED DEAD FULL NAME OF BIF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR COCATION! WINTON MEMORIAL HOSPITAL - DOA 5. SER 6. RACE White White	1. NAME OF DE	CEASED		E.		2. DATE AND HOUR PRONOUNC	ED DEAD
FULL NAME OF MOSPITAL OR INSTITUTION, GIVE STREET WASTITUTION UNION MEMORIAL HOSPITAL - DOA STREET ADDRESS OR LOCATION! UNION MEMORIAL HOSPITAL - DOA STREET ADDRESS OR LOCATION! Male White Mary Land White Mary Land White Mary Land Mary Land Retired Police Balto. Police Dept. James Malor Name Baltinore James Mary Land Mary Land Retired Police Balto. Police Dept. James Malor Name Mary Ward Land Street Address Malor Name Mary Ward Land Street Address Malor Name Mary Ward Land Street Address Malor Name Mary Ward Land Street Mary Land Mary Land Land Street Mary Land Mary Ward Land Street Mary Land Mary Land Mary Land Mary Ward Land Street Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Mary Land Land Street Mary Land Mary Land Land Street Mary Land Mary Land Mary Land Land Street Mary Land							7:40 P
HOSPITAL OR UNION MEMORIAL HOSPITAL - DOA Baltimore 3212 Woodhood Avenue 322 Woodhood Avenue 323 Woo					A. STATE	B. COL	litution: residence before odmiss JNTY
UNION MEMORIAI HOSPITAL - DOA D. STREET ADDRESS ALL DOCUMENTS OF INCOMEDIA SOCIAL S	HOSPITAL OR	ADDRESS OR LOCA	ATION)	DIION, GIVE STREET		llo!	RURAL and give township)
Male Mary Mare Mary M	UNI	ON MEMORIAL H	OSPITAL	- DOA			21234
Male Warted Column Married Married Nov. 8, 1903. [OA USUAL OCCUPATION Gras had of work) OBA RIND OF BUSINESS OR INDUSTRY II. BRITHPLACE (Stote on foreign country) [OA USUAL OCCUPATION Gras had of work) OBA RIND OF BUSINESS OR INDUSTRY III. BRITHPLACE (Stote on foreign country) [OA USUAL OCCUPATION Gras had of work) OBA RIND OF BUSINESS OR INDUSTRY III. BRITHPLACE (Stote on foreign country) [OA USUAL OCCUPATION Gras had of work) OBA RIND OF BUSINESS OR INDUSTRY III. BRITHPLACE (Stote on foreign country) [OA USUAL OCCUPATION RELATED FORCES?] [OA USUAL OCCUPATION NAME Amothers Maiden Name Mary Ward Mary Land Ma	5. SEX	6. RACE				9. AGE (In years	If Under 1 Yr. If Under 24 I Months, Doys, Hours, Mi
Anteriosclerotic heart disease Service S			M	larried		1903. 1998 62	
ANTECENDENT CAUSES DUE TO DISEASE OR CONDITION LAST. C.							12. CITIZEN OF WHAT COUNTRY?
Peter J. Schemm S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) 16. SOCIAL SECURITY NO. 220_44_0635 17. INFORMANT ADDRESS 18. SOCIAL SECURITY NO. 220_44_0635 Mrs. Anna Schemm Schemm			Balto.	Police Dept.			USA
SECURITY NO. SECURITY NO. 220—44—0635 Mrs. Anna Schemm (Sa	3. FAIRER 3 NAP		Schemm		14. MOTHER'S MA		rd
No 18. CAUSE OF DEATH INT ON				16. SOCIAL	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying e.g., heart folius, eathens, etc., li memode of dying e.g., heart folius, eathens, etc., li memode of dying e.g., heart folius, eathens, etc., li memode of dying e.g., heart folius, eathens, etc., li memode of dying e.g., heart folius, etc. li memode of dying e.g., heart folius etc. li memode of e.g., heart folius	0.10	The year give wor or don	es of service		Mrs. Anna	a Schemm	(Same)
DISEASE OR CONDITION DIRECTLY (This does not meen the mode of dying, e.g., heart follows, osthenio, etc. it means the disease. DUE TO (A) Arteriosclerotic heart disease DUE TO (B) DUE TO (C) (C) (C) (C) (C) (C) (C) (C) (D) THE R. SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSINO IT. (C) (C) (C) (C) (C) (C) (D) THE R. SIGNIFICANT CONDITIONS CONTRIBUTING CONDITION CAUSINO IT. (C) (C) (C) (C) (C) (C) (D) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINO IT. (C) (C) (C) (D) THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSINO IT. (C) (D) A DATE OF OPERATION 198 CONDITIONS CONTRIBUTING CONTRIBUTING CAUSES OF DEATH 198 CONDITION CAUSES OF DEATH 198	18.	0.0		CAUSE	OF DEATH		INTERVAL BETWEE
LEADING TO DEATH (This does not meen the mode of dying e.g., heart filling on the mode of dying e.g., heart follow, estheric, etc. it meens the discose, injury or complication which coused death.] ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. (C)	DISEA	SE OR CONDITION D	RECTLY				ONSET AND DEA
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED UNDERLYING OR CONDITION CAUSING IT. 1919. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION NO IN CERTIFFING CAUSES OF DEATH OF THE DISEASE OR CONTRIBUTION OF THE DEATH SUT NOT WHILE OF INJURY OCCUR? UNDERLYING OR CONTRIBUTION OF THE DISEASE OF CONTRIBUTION OF THE DISEASE OR CONTRIBUTION OF THE DISEASE OF CONTRIBUTION OF THE DISEASE OR CONTRIBUTION OF THE DISEASE OF OF THE DISE		LEADING TO DEATH	4	(A) Arter	iosclerot	ic heart disease	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIMNG RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	heort foilure	, osthenio, etc. It meon:	the discose,			***************************************	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	Injury or co	implication which coused	de oin.i				
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)				(B)			
CC CC CC CC CC CC CC C	RISE TO TH	TE ABOVE CAUSE (A) S		DUE TO			
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH		NG CONDITION LAST.		(C)		***************************************	
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH	2	11					
WAS PERFORMED NO IN CERTIFYING CAUSES OF DEATH	OTHER SIG	DEATH BUT NOT RE	LATED TO T		••••		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. CAUSE OF DEATH. Common foctory, street, office bidg., INJURY OCCUR?				WHICH OPERATION			
21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT NOT WHILE AT WORK 22. I certify that I held an Inquiry Inspection Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county REMOVAL (Specify)	O UNDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., i e, form, foctory, street, o	n or obout 21C, W ffice bldg., INJURY	HERE DID (If in Boltimore City, gi	ve exoct location)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. ASSOCIATE MEDICAL EXAMINER AS	Z 21D TIME	(Month) (Doy) (Yea	r) (Hour) 2	TE. INJURY OCCURRED	21F. HO	W DID INJURY OCCUR?	
22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICA					WHILE		
resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER D ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county REMOVAL (Specify)							
CHIEF MEDICAL EXAMINER ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER M.D. ASSOCIATE MEDICAL EXAMINER M.D. 233A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, of country REMOVAL (Specify)							
ACTUAL SIGNATURE EXAMINER'S NAME (Type) RUSSEIL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 23D. LOCATION (City, town, of county REMOVAL (Specify)	resu	Ited from: Natural co	uses X A	Accident Suicide	The second second second		er 🗌
SIGNATURE	ACTUA	Des	-0				DATE SIGNES
NAME (Type) RUSSELL S. FISHER, M.D. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county REMOVAL (Specify)			when	M. D.			1, 25 66
23A, BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county			e rre	UED M D	ASSOCIATE MI	EDICAL EXAMINER	4-25-66
REMOVAL (Specify)		MATION, 238 DATE			CREMATORY	23D. LOCATION (City.	, town, or countyl (State)
Dullar 4/20/00. Islandod cemerer		(y)		Parkwood Ce			
	24A. DATE REC'D			OF-REGISTRAR		AL DIRECTOR	ADDRESS

VS 151-REV. 1/1/65

		\$5 THE	Nov. 8, 1907.	tal-mil.		
			Boofgraff	to. Folios Pent.		pilo" berito
		at Stable			of J. Sefe	doll
			No. Ares Johan	200-11-035		
			Part of the South			
	4					
Jalia						
						10 5 6 10 20 10
				ASSET THE S		
				• •		
					120/05/	Dancel

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death. Accurred in a hospital and IMPORTANT FUNERAL DIRECTOR:

M.E.	H NO. CASE NO.		4200	CERTIFICA	TE OF DEATH		(6 AZ)		
(Тур	e or Print)	NHEEC	ER.	Merritt Lela	and 4	and/hour of Death	6 1255 Am		
F	ULL NAME O OSPITAL OR NSTITUTION			give street	A. STATE B. COUNTY Maryland C. CITY OR TOWN (If outside city limits, write RURAL and give township) Baltimore				
0	3	120 Not	Irein	Parkway	D. STREET ADDRESS 3120 North	(If roiol, give location) ern Parkway			
5. \$	male	6. RACE white	WIDOWED	NEVER MARRIED D, DIVORCED (specify)	April 8, 1886		If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.		
done		JPATION (Give kind of wark warking life, even if retired)		ostoffice	Dryden, N.Y		12. CITIZEN OF WHAT COUNTRY?		
13. (DeWi.	tt Thurston W	heeler		Carrie E.				
15. V (Yes	Was Deceased i, no or unknown No	Ever in U. S. Armed Far (If yes, give war at date	ces? s of service)	16. SOCIAL SECURITY NO. 220-48-5174	Mrs. Elsie	L. Dryden3	ADDRESS L20 Northern Parkway		
		SE OR CONDITION DIE		CAUSE O	eual)	Lailur	INTERVAL BETWEEN ONSET AND DEATH		
	heart failure, injury at com DISEASES Crise to the	not meon the mode of osthenio, etc. Il meons uplication which caused ANTECEDENT CAUSES OR CONDITIONS, it is obove couse (A) CONDITION last.	the disease, death.) ony, giving		terioscle es cuela	rotic C r dise lorosis	arcs'o year		
ATION	TO THE D	FICANT CONDITIONS CEATH BUT NOT RELA	TED TO TH		son's d	beare	years		
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PER	FORMED	WHICH OPERATION	20A. AUTOPSY? (Yes of	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?		
CAL CI	OR CONTRIBL	TWAS UNDERLYING CAUSE OF medical examiner)	218 han etc.	ne, form, factory, street, al	ar about 21C. WHERE DIE fice bldg., INJURY OCCUR	(If in Baltima	re City, give exact location)		
ā	21D. TIME OF INJURY (APPROX.)	(Manth) (Day) (Year)		ile At . Not While At Work		INJURY OCCUR?	1/2 = 22		
	that (I) (we)	that (1) (this haspital	d alive an	4/21			inian death occurred an the date		
11	and hour and 234. SIGNATU 73CIPHYSICIA NAME (T	RE USO	ette	M.D. Atte	23D. ADDRESS	Stoff Phys.	238. DATE SIGNED 4/25/66.		
24A	Burial CRE	MATION, 248 DATE 4/28/		Parkwood	MATORY 24E	, , , ,	City, town, or county) (State)		
		BY HEALTH DEPT. K & 5 1966 (R		OF REGISTRAR	25C. FUNERAL DIREC		305 Harford Road, 14		

BANTHORE CITY HEALTH DEPARTMENT

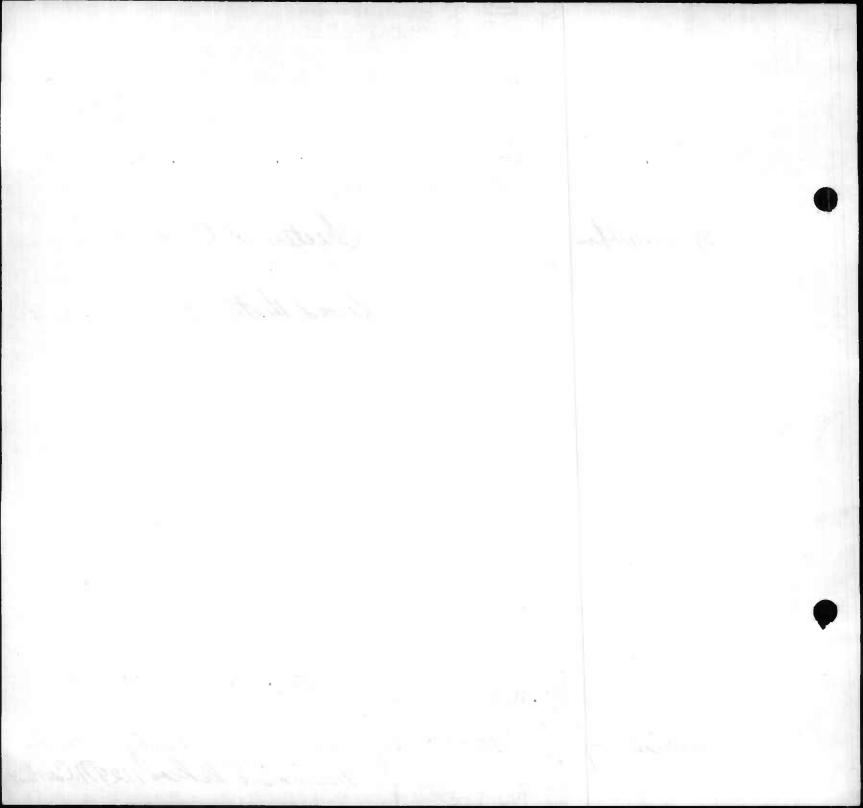
	BALTIMORE	CITY HEALTH DEPARTMENT	# 62998	
BIRTH NO.	04201 CERTIFIC	CATE OF DEATH	Registered No.	3 114201
M.E. CASE NO.	(11cox		ID HOUR OF DEATH) UTCOL
(Type or Print)	50000	2. DATE AN	LA MI.	127
	FENNELL	7	124/66	A
B. PLACE OF DEATH IN BALTIMORE,	MARILAND	A. STATE B. COUN	re doceosed lived, If in ITY «	stitution: residence before admission
FULL NAME OF (If not in hos	pital or institution, give street	md.		10-06-
HOSPITAL OR oddress or loc	cohoni	C. CITY OF TOWN /(If out	tsido city limits, writo f	RURAL and give township)
3 1 1 9 14	11 . 1/	Ralle,	ma.	
Just Doll	Mussel Hickels	D. STREET ADDRESS	rurol, givo locotion)	P
Jana Jama	Acrass 11	2452 Jores	e turn	a load
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under I Yr. If Under 24 H Months Doys Hours Min.
Hale Colour	makiel	9/15/15	50	
	Work 108 KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or lore	gn country)	12. CITIZEN OF
done during most of working life, even if retir	red)	BUT	1 Am 1	WHAT COUNTRY?
Tostal Employe		10/A/1/more	1110	
3. FATHERS NAME	40	14. MOTHER'S MAIDEN NA	12	
Htw tenn	ill	Alls10 K	Jone	
5. Was Deceased Ever in U. S. Armed		17. INFORMANT	1	ADDRESS
1/10/ 4114.4.19	dotes of sorvice) SECURITY NO.	Im oil	17	11 201- 7. +
gie would !	w x	- / / picarles	-/innel	e x x 2 verre
118.539,11	m 1 1-2	E OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION				
(This does not mean the made	af dying, e.g., S OUE TO	REVERSEABLE SH	OCK	
heart failure, asthenia, etc. It me	ans the disease, a			
injury ar complication which cau	ISES A See NO	SSIVE GE BLE	EEDING	8 HRS
ANTECEDENT CAU	ISES A SOUR TO	33/12 4 2 ///2	260110	0 1716 3
DISEASES OR CONDITIONS,	if dily, giving			2 244
rise to the abave couse UNDERLYING CONDITION last	(A) Sidiling ine - (A)	TRESS ULLER		2 DAYS
14	- 3915			
OTHER SIGNIFICANT CONDITION	CONTRIBUTING			
E TO THE DEATH BUT NOT	RELATED TO THE ALLOS	ESOPHAGUS + E	HOWEM A	15 DAYS
U 19A DATE OF OPERATION 119B	CONDITION FOR WHICH OF RATION	[20A, AUTOPSY? (Yes or No		FINDINGS CONSIDERED
	PERFORMED	NO	IN CERTIFYING CAL	USES OF DEATH?
U 121A, ACCIDENT WAS UNDERLYIN	IG 218. PLACE OF INJURY (o.	g., in or obout 21C. WHERE DID	(II in Boltimore	City, give exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	home, form, foctory, stree	olfico bldg., INJURY OCCUR?		, , ,
9				
OF INJURY (Month) (Doy) (Y		21F. HOW DID INJ	URY OCCUR?	
(APPROX.)	While At Work At W	While Ook		
22 Learnify that Williams have	oital) attended the deceased from		19 66 10	4/24 19 66
	eased alive an 4/2		at in(my) (aur) opli	nian death accurred on the c
	stated above, (I) (We did) (did no	t) view the bady after death.		
23A. SIGNATURE	141 4		. w	23 B. DATE SIGNED
temm J.	7 - Carter M.D.	Attending Med. Phys. Director	Stoff Phys.	4/24/66
23C. PHYSICIAN'S		23 D. ADDRESS		0 11 10 11 11 10 17
JAMES F. /	4- CARTER M	.D. SOUTH BA	-//. 2014	LENERAL HOSPITI
		1213 216	SHT STRE	
24A. BURIAL CREMATION, 24B. DATI	24C. NAME of CEMETERY or	CREMATORY 24D. LI	OCATION	ly, lown, or county) (State)
12 week 41	166 Ballo - Ma	Ubual Co	5501 tru	drick Con
25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF BEGISTRAR	25C. FUNERAL DIRECTOR	1011	ADDRESS
APR 2.5 1966 (P.)	E Lankey Mill	3/41.10	E Vicka	en 1129/1/21

25C. FUNERAL DIRECTOR

3/04/1/1 ADDRESS 2911 25 1966 A 25B. NAME OF BEGISTRAR VS 150-REV. 1/1/65

DAITHAODE	CITY	LIEATTLE	DEPARTMENT	^
DALIMURE		DEALID		

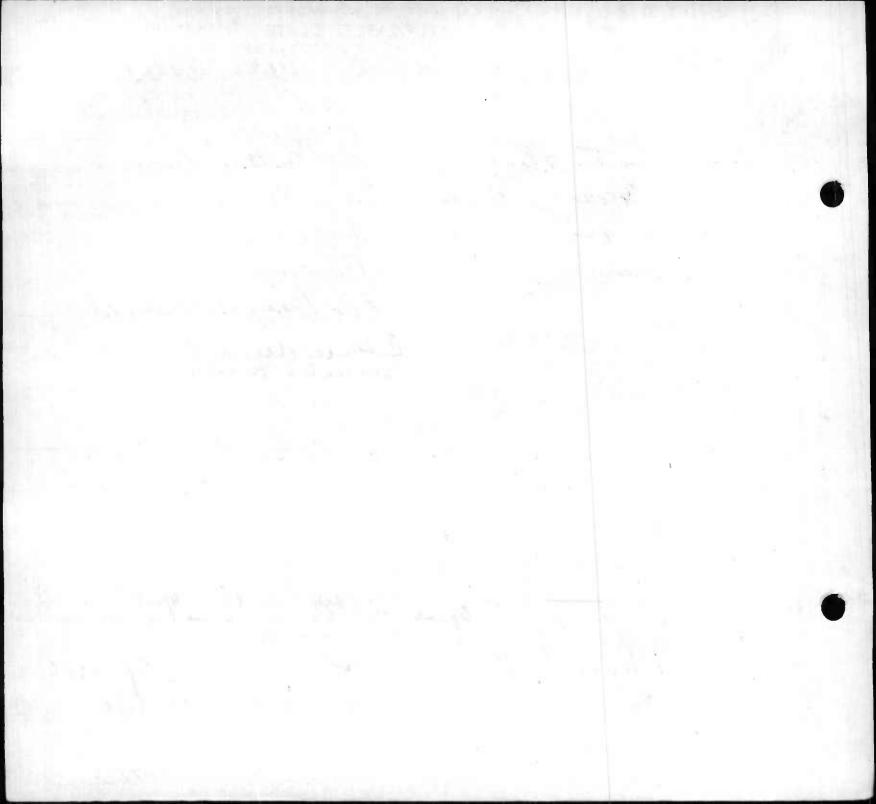
M.	TH NO.		1420	2 CERTIFICA			Registered Na.	66 04202			
(Ту	pe or Print)	MARY H		-0N		4	23 60	1/1, 30 P M.			
		ATH IN BALTIMORE, MAR			A. STATE	James () , 4					
- 11	FULL NAME OF HOSPITAL OR INSTITUTION	OF (If not in hospital a oddress ar location)	r institutio	n, give street	c. CITY OR TOV	MORE VN (If au	tside city limits, write	RURAL ond give lownship)			
3 3		OHNS HOPKIAS H BROADWAY	OSPIT. 21205	AL		D. STATE ASSAULT (If rural, give location) 1535 N. MILTON AVE . 21213					
5.	5. SEX FEMALE 6. RACE 7. MARRIED, NEVER MARRIED YMANIED (specify)					Н	9. AGE (In years last temploy)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.			
dor	ne during mast of	working life, seen if retired)	108, KIND	OF BUSINESS OR INDUSTRY	Chee	tow	S. Can	12. CITIZEN OF WHAT COUNTRY?			
SO 0.	FATHER'S NA	ANDER YOUNG			JANI		ME	,•			
15.	Was Deceased es, no ar unkna w	Ever in U. S. Armed Farc	es? at service	SECURITY NO.	17. INFORMANT	il.	£ 1931	ADDRESS			
0	18. 3 3	SE OR CONDITION DIRI	CTIV		F DEATH	HI	grae 1120	INTERVAL BETWEEN ONSET AND DEATH			
palmed	(This does		BARACHI	VOL	Hemory	MAGE 30AYS					
8		ANTECEDENT CAUSES	aeain./	(B)			***************************************				
ns are	DISEASES OR CONDITIONS, if any, giving rise to the obave cause IA) stating the UNDERLYING CONDITION last.										
remains) ,						
the TIFIC	19A. DATE OF	R WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?								
Detore	DEATH (natify	NT WAS UNDERLYING UTING CAUSE OF medical examiner)	ŀ	1B. PLACE OF INJURY (e.g., iome, farm, factory, street, oftc.)			(It in Baltimo	re City, give exact lacotian)			
11 -	21D. TIME	(Manth) (Day) (Year)	,	TE, INJURY OCCURRED While At Not Whi Nork At Work	le 📉	W DID IN	URY OCCUR?				
pe opt	22. I certify that (I) (this haspital) attended the deceased from 19 to 19 to 19 to 19 that (I) (we) last saw the deceased alive an 19 to and that in(my) (aur) apinian death accurred an the date										
must	and hour an		d above	(I) (We) (did) (did nat)	view the bady of	fter death.		23B. DATE SIGNED			
l by c	23C.PHYSICIA NAME (M.D. Att	23D. ADDRESS 6	OL TOUNG	BROADWAY	2120523/66					
DAOJD 24	A	SHLEY T. H	17/15	M.D.	JO UM	2	HOPKIN	PITAL City, tawn, ar caunty) (State)			
	BUKE		6	Mr Celm	4 Cem		a.a Ch	unty ml			
25	APR 2	5 1966 (Const.)	258 NAM	e OF REGISTRAR	25C. FUNERA	DIRECTO	E like	an 1/29/1. Carlis			
VS	150-REV. 1/1/	6\$									



FUNERAL DIRECTOR: IMPORTANT

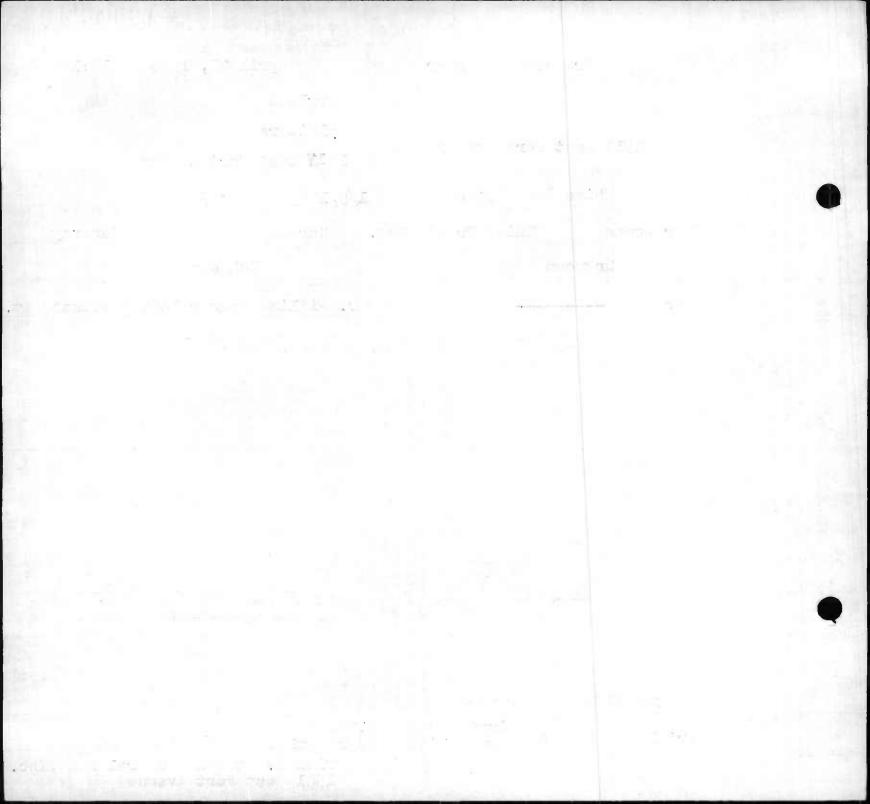
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. APR 2 VS 150-REV. 1/1/65

	BALTIMORE	CITY HEALTH DEPARTMENT
	ORTH NO. 66 114203 CERTIFIC	CATE OF DEATH Registered No.66 (14203
	M.E. CASE NO.	2. DATE AND HOUR OF DEATH
	Type or Print) Maty Wells	april 22: 1966 M.
1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE OCCUNTY
	FULL NAME OF (If not in hospital or institution, give street	ma, 11-04
	HOSPITAL OR address or location) INSTITUTION	C. CITY OR TOWN (If putside city limits, write RURAL and give township)
SI		D: STREET ADDRESS. (If rural, give location)
	1321 Critary Flace	1321 Butour Place
1	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. , If Under 24 Hrs.
	Time le Calife de VIII de la VIII	y) May 6. 1888 lost birthday) Months: Days Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stafe or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	dane during mast of warking life, even if retired)	Theely may d. Ma
7	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	han Iredan	Carling Stevens
1	S. Was Deceased Ever in U.S. Armed Farces? Yes, na ar unknown!(If yes, give war ar dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Jedkii iko.	Tella Bailey 1321 Contain Place
	18. 44.2 9 / CAU	SE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	11 000
	LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	luter coscleration (main 10 broths
	heart foilure, asthema, etc. It means the disease, injury or complication which coused death.)	vercular disease
	ANTECEDENT CAUSES (B)	
	DISEASES OR CONDITIONS, if any, giving	
	rise to the obove cause (A) stating the (C) UNDERLYING CONDITION tost.	
	11	
	OF THE DEATH BUT NOT RELATED TO THE	
	A DISEASE OR CONDITION CAUSING II.	20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY	IN CERTIFYING CAUSES OF DEATH?
		e.g., in ar about 21 C. WHERE DID (II in Baltimare City, give exact location) let, affice bldg., INJURY OCCUR?
	OR CONTRIBUTING CAUSE OF hame, farm, factory, streetc.)	ret dince diag., INJURI OCCUR:
1	21D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
H	Not While AI ☐ Not	While Wark
	22. 1 certify that (1) (this hospital) attended the deceased fram	7 19 65 to April 19 66.
	that (I) (we) last saw the deceased alive an affect	19 6 and that in (my) (**) apinian death accurred on the date
	and haur and from the causes stated above. (1) (We (did) (did r	nat) view the bady after death.
	23A. SIGNATURE	23 B. DATE SIGNED
	Ky lon 13 Sup M.D.	Phys, Director Phys. J. J. 1.6
	23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
	KOUSTON B- 36013	M.D. 18016 Poltume 81, Relton 23/12
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY C	CREMATORY 24D. LOCATION (City, Iown, or county) (Slote)
	Durial Spile (166 Urbutus).	Mem, lack Urbulue and,
	2SA. DATE REC'D BY HEALTH DEPT. 2SB. NAME OF REGISTRAR	2SC, FUNERAL DIRECTOR ADDRESS
	APK 20 1906 OF VI Or E. STOWENPIN	Trulon le Clepaire 112/11. Califure St



WO	256	1
FUNERAL DIRECTOR: IMPORTANT	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

				BALT	IMORE CITY	HEALTH	DEPARTMENT		CI	6 04204	
	NO. 66 ()	1204		CER	TIFICA	TE O	F DEATH	Registered	No	0 04204	
1. N.A	ME OF DECEASED	Frances	V	/agner	•	April 21. 1966 11:15 P					
FL		t in hospitol or inst		ive street		A. STATE	aryland	NTY	9 4-	on; residence before admission) ond give township)	
0	7	East For	t Av	renue	31	Baltimore D. STREET ADDRESS (If rurol, give locofion) 1547 East Fort Avenue					
5. SE	F White 7. MARRIED, NEVER M WIDOWED, DIVORCE WIDOWED				(specify)	8. DATE C		9. AGE (In years lost birthday)	II U	Inder 1 Yr. II Under 24 Hrs. ths Doys Hours Min.	
done (USUAL OCCUPATION (Gr during most of working life, a Char woman	ven if retired)			t Bldg		Germany	eign country)		CITIZEN OF WHAT COUNTRY? Germany	
13. F	athers name . Un	known				14. MOTH	IER'S MAIDEN NA	Unknown			
Yes,	no or unknown) (If yes, giv	S. Armed Forces? e war or dates of s		16. SOCIAL SECURIT	Y Nd. 2-462	Mr.	William	Wagner	1465	Stevenson St	
	LEADING (This does not mean it heart lailure, asthenia, et injury at complication w ANTECEDE DISEASES OR CONDITION THE CONDITION OF THE CONDITION UNDERLYING CONDITION	Ic. II means the d hich caused death NT CAUSES TIONS, it any, cause (A) statin	iseose, .) giving		(B) Cold	i de la constante de la consta	ling Her lissalic	Cash:			
ATIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.										
RTIFIC	9A. DATE OF OPERATION	198. CONDITION		HICH OPER	ATION	20A. A	UTOPSY? (Yes or N	IN CERTIFYING	CAUSES	NGS CONSIDERED OF DEATH?	
_ (PLA. ACCIDENT WAS UNDER CONTRIBUTING CADEATH (notily medical ex-	USE OF	21 B. I home etc.)	PLACE OF I	NJURY (e.g., in ory, street, of	or obout ince bldg., I	NJURY OCCUR?	(If in Bo	Itimore City,	give exact location)	
AE	OF INJURY (APPROX.)	Doy) (Year) (Hou		INJURY OC	Not While At Work						
1	22. I certify that (I) (this hospital) attended the deceased from 19 to april 5 19 that (I) (we) last saw the deceased alive on 19 to and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (stid) (did not) view the body after death.										
2	3A. SIGNATURE	v Sya!	Qa_		M.D. Atte	nding X	Med. Director	Stoll Phys.	23 B.	DATE SIGNED 4/22/66	
	NAME (Type)				1		2500	1 ~	0 .1	- 111	
24A.	BURIAL CREMATION, 2 REMOVAL (Specify)	200 40	241	ME of CEM	M.D.	12z		LOCATION	(City, tov	wn. or county) (Siote) Maryland ADDRESS	



O.A. eceased

was D.

written

P

ing cause of death cause; (5) Deceased

of

Such

0 death.

attendance

0

prior

4. USUAL RE

В	RTH NO. 55	4205	CERTIFICATE O	F
٨	A.E. CASE NO.			•
1	NAME OF DECEASED	^	0	
l.	Type or Print)	mFS	BROOKS	

(If not in hospital or institution, give street

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

oddress or location)

FULL NAME OF HOSPITAL OR

INSTITUTION

		4/	2	2/	6	6			15	45	5 A
SID	ENC	E (V	Vhere	deced	sed	(ived.	H	in stitution:	residence	before	odmis sio
	, В.	CO	UNT	Y							-

A. STATE	B. CO	UNTY								
MARYLAND			D	141	m	1 12	0	11	10	
		15	17	m/1	111	0	-	/ 7	7-0	ļ
C. CITY OR TOWN	((f	outside	city	limits,	write	RURAL	ond	giv	township)	
0								-		

DATE AND HOUR OF DEATH

BALLIMORE CITY HOSPITALS	572 PR	essman	57	21217
5. SEX MALE NCGRO 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED Ispecify SEPARATED	8. DATE OF BIRTH 5/18/07	9. AGE IIn years lost birthdoy) 5-8	If Under 1 Yr. Months: Days	(f Under 24 Hours Mi
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired)	11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF	
	Maryland		U.S.	A -

14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME

Avenue Baltimore, Md.

Lottie John 17. INFORMANT 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.

RECORDS:BCH 4940 Eastern Avenue CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CIND MA OF THE LUNG LEADING TO DEATH (This does not mean the made of dying, e.g., heart foilure, ostheria, etc. It means the diseose, injury or camplication which caused death,)

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the obove cause (A) stating the UNDERLYING CONDITION last.

CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED

21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? ((f in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH Inotify medical examiner) (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?

MEDI While At Not While (APPROX.) Work At Work 22. I certify that AT (this haspital) attended the deceased fram...

that (1) (we) last saw the deceased alive an... and that in (my) (apinian death accurred an the date DID

and haur and from the causes stated above. (1) (We) (Aid) (dideset) view the bady after death. 238. DATE SIGNED 23 A. SIGNATURE

10	mes!	·SA	angue	Phys.	Director _	Phy s.		22/1	0
	ICIAN'S LE (Type)	11	A	23 D. A	DDRESS	5 D	1.11	-/-	7
I	AMES	Te	SOARKS	M.D. 1	allemo	e (e	4X183	Allal	2
RIIDIAI	CREANATION 248	DATE	AZAC NAME OF CEME	TERY OF CREAMATO	24D	LOCATION	1 1 10: w. w.l.		_

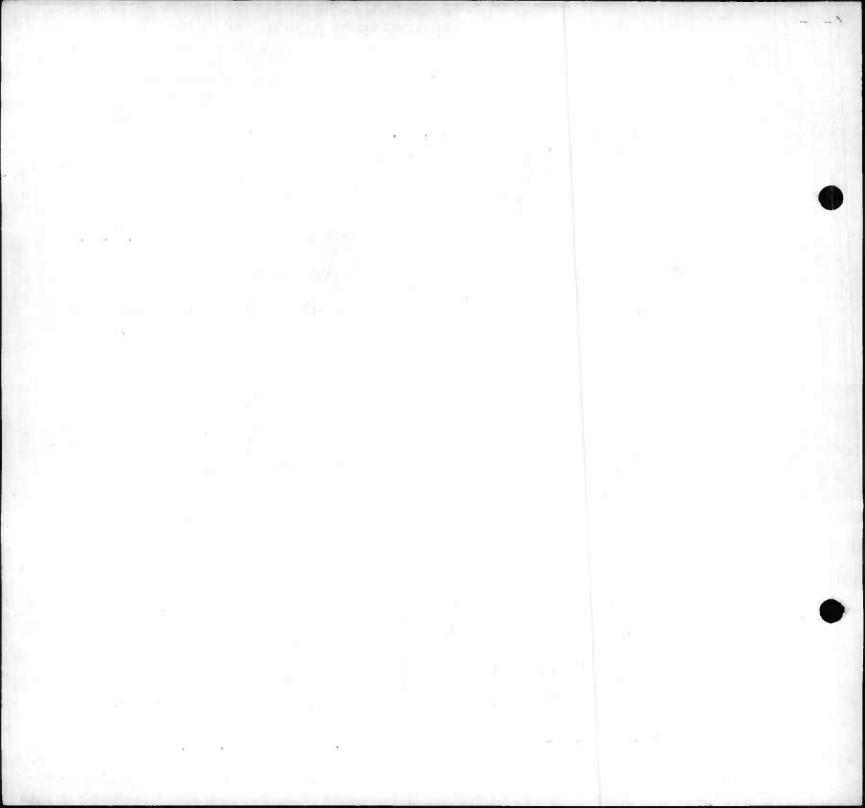
REMOVAL (Specify) New Catheral Cem. Balto. Md.

25C. FUNERAL DIRECTOR

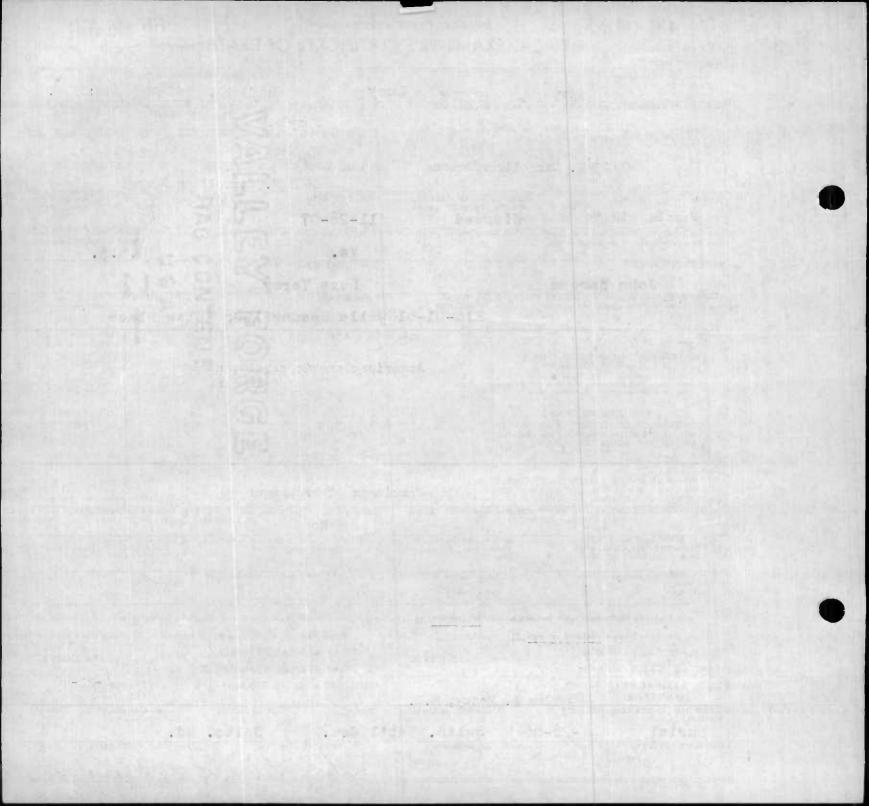
ADDRESS

VS 150-REV. 1/1/65

OF INJURY



1 2 0 0	66 04206 BALTIMORE CITY HEAD	00 (12(0)
7.000	MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.
	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
	MARY HARCUM Lu	April 22, 1966 10:35 A. M.
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed fived, If institution: residence before odmission) A. STATE B. COUNTY
	FULL NAME OF IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate fimils, write RURAL and give township)
	ΙΝΣΠΤΟΤΙΟΝ	Baltimore / 6-0/
/	1023 N. Carrollton Avenue	D. STREET ADDRESS (If rural, give focation)
	E CEV 14 BACE 17 MARRIED NEWER MARRIED	1023 N. Carrollton Avenue
	Female Negro 7. Married, Never Married Widowed, DivorceD(specify) Widowed	11-28-07 lost birthday Manths Days Hours Min.
	IOA. USUAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTRI done during mast of warking life, even if retired)	Va. WHAT COUNTRY? U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John Harcum 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 116. SOCIAL	Lura Yerby 17. INFORMANT ADDRESS
	(Yes, no grunknown), (If yes, give war ar dates at service) SECURITY NO.	9Ella Reeder 1208 Eutaw Place
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	e OF DEATH INTERVAL BETWEEN ONSET AND DEATH riosclerotic cardiovascular
	heart latitue, asthenia, etc. It means the disease, injury ar campfication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	disease
	E DISEASE OR CONDITION CAUSING II.	inoma of esophagus
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- home, farm, lactory, sheet, etc.)	in ar about 21C. WHERE DID (If in Baltimare City, give exact location) affice bldg., INJURY OCCUR?
	21D TIME (Month) (Day) (Year) (Haur) 21E. FNJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	22. I certify that I held on Inquiry Inspection X Au	topsy ond that on this bosis, death in my opinion
	resulted from: Natural couses X Accident Suicid	
	(D)	CHIEF MEDICAL EXAMINER DATE SIGNED
	SIGNATURE (Caller Velly M.D	ASSISTANT MEDICAL EXAMINER X
	EXAMINER'S NAME (Type) Charles S Patty M D	ASSOCIATE MEDICAL EXAMINER 4-12-66
	23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY	or CREMATORY 23D. LOCATION (City, town, or county) (State)
	Burial 4-26-66 Balto. Nat	'l Cem. Balto. Md.
	APR 25 1966 PLANTE OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
	VS 151-RFV 1/1/65	Bry Kinn 12/0 Carpoun for



	00 - 4000	BALTIMORE CITY	HEALTH DEPARTMENT		66 04207
11	TH NO. 66 (1420)7 Good	EN CERTIFICA	TE OF DEATH	Registered No	00 04207
1.1	IAME OF DECEASED	G (V	2. DATE AN	D HOUR OF DEATH	/
Ту	pe or Print) MARY GOOD	EN	4	173/	66 /2:05 A M
3.	PLACE OF DEATH IN BAZTIMORE, MARYLAND		4. USUAL RESIDENCE Whey A. STATE B. COUN	deceased lived. A ins	titution; residence before admission)
	FULL NAME OF (If not in hospital or instituti	on, give street	KIKRULA	ND 1	3-0.3
	HOSPITAL OR oddress or location)	, ,	C. CITY OR TOWN (If out	side city limits, write R	URAL and give township)
16			BALTIMOI	lE .	
1	HUNCH HOME + A	PERITAL	2627 FLA	Wals Si	TREET 21217
5.	F 6. RACE 7. MARR WIDO	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	ost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	in country)	12. CITIZEN OF WHAT COUNTRY?
dor	e during most of working life, even if retired)		BALTIMI	DRE	1161
13.	FATHER'S NAME		BALTIME 14. MOTHER'S MAIDEN NAM		4 215
11	CHALLES BLAC	KWELL	UNICI	NEWN	
15.	Was Deceased Ever in U. S. Armed Farces? s,no ar unknown)(II yes, give war ar dates of servi-	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
1100	s, no or unknown, the yes, give wor or doles of serving	SECULITY NO.	EHART		
-	18. 11 4 = V	7.3	F DEATH		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	CAUSE O			ONSET AND DEATH
	LEADING TO DEATH	S JIA CET	REBRAL H	ERIDKILA.	ACC
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise-	e.g., LODUE TO			
	injury ar complication which coused death.)	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PERTENSIVE	CARDI	C
	. ANTECEDENT CAUSES	2 7 2 WE TO	PURILIVSIVE	CATON	<u></u>
	DISEASES OR CONDITIONS, if ony, givenise to the obove cause (A) stoting	ring 3 2 1 1Ac	SULAR D	1SEASE	
	UNDERLYING CONDITION last.	E STORY			
	ll ll	in the			
O	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING			
ATI	DISEASE OR CONDITION CAUSING IT.		100.4		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.	IN CERTIFYING CAU	
CER	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
AL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	home, lorm, foctory, street, o	iffice bldg., INJURY OCCUR?		
DIC.		21E. INJURY OCCURRED	21F. HOW DID INJ	IRY OCCUP?	
ME	OF INJURY	While At Not Whi		JRT OCCUR:	
	(APPROX.)	Work At Work			
	22. I certify that (I) (this hospital) attended	ed the deceased from	4/72 1	9 66 to	4/23 1966
	that (1) (we) last sow the deceased alive	on 4/73	19 6 C and the	ot in (my) (aur) apin	ian death occurred on the dat
	and hour and from the causes stated above	e. (1) (We) (did) (did not)	view the body after death.		
	23A. SIGNATURE	1 .			23B, DATE SIGNED
	Mrs 1. Whent	M.D. Att	ending Med.	Stalf Phys. 2	4/25/16
	23C.PHYSICIAN'S NAME (Type)		23D. ADDRESS		() ()
	ALAMIANO A. TIPLE	NTINO M.D.	CAMPLEST 1	HME +	AOSPITAL
24	A. BURIAL CREMATION, 24B, DATE 246	C. NAME of CEMETERY of CR	EMATORY 24D. LC	CATION (Cit	y, lown, or county) (State)
	Burial 4-27-66	Arbutus Mem.	Pk. B	alto. M	d.
25		ME OF REGISTRAR	25C. FUNERAL DIRECTOR		AD/ORESS ()
	APR 25 1986 10 0	By E. Starley M.A.	Mr. J. O.	1248	Call St
VS	150-REV. 1/1/65	N	wrong gets	cr 1-311	Carporer &

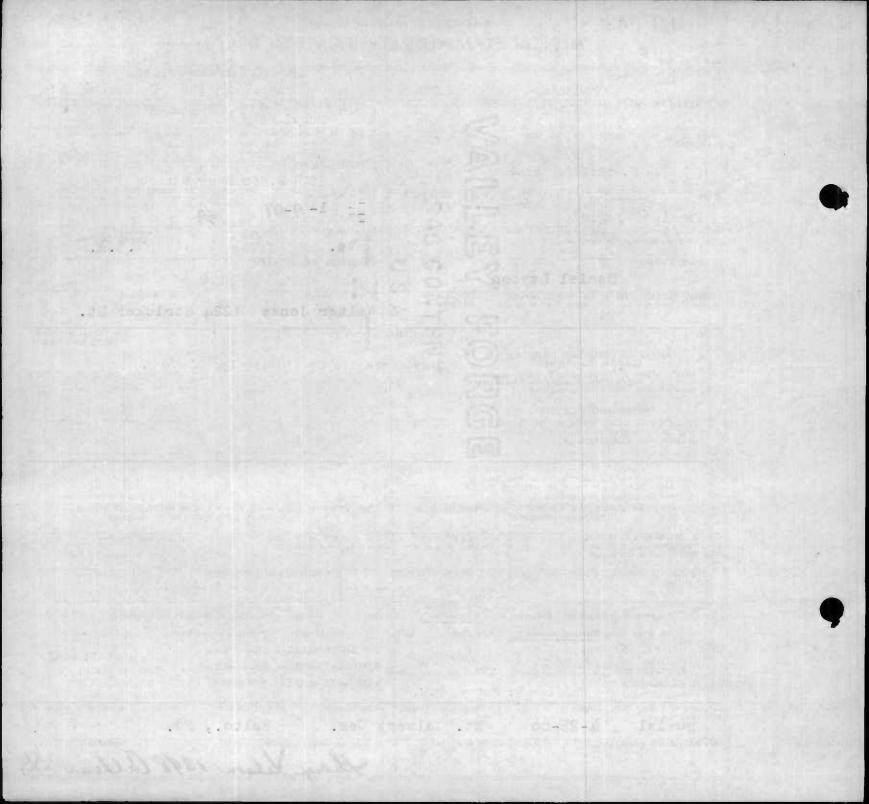
PERINCELION & P.O. P. S. A. P. D. S. A. P. P. D. S. A. P. D. P. D. S. A. P. D. P. D. S. A. P. D. P. D.

and the second of the same

CICI	1.3	A	1311	0
66		4	2U	0

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	MED	ICAL EX	(AMINER'S C	ERTIFICATE C	OF DEATH Registe	ered No.
M.E. CASE NO.						
I. NAME OF DEC	CEASED			2. DA	TE AND HOUR PRONOUNC	ED DEAD
(Type or Print)	MAGGIE		JONES		April 21, 1966	7:20 A
B. PLACE IN BALT	IMORE, MARYLAND, W	HERE PRONOI			•	M. titution: residence before odmission
FULL NAME OF HOSPITAL OR NSTITUTION			UTION, GIVE STREET	A. STATE Maryla C. CITY OR TOWN (IF Baltir	and outside corporate limits, write nore	
1224	W. Stricker	Street		D. STREET ADDRESS (1	Mr. Stricker Str	eet
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs
Female	Negro		DIVORCED (specify)]= 1- 9-	. 27	Months, Doys, Hours, Min.
done during most of v	UPATION (Give kind of wor working life, even if retired)	k TOB. KIND OI	F BUSINESS OR INDUSTR	Va.	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	A E			14. MOTHER'S MAIDEN	NAME	
	Daniel :	Layton				
S WAS DECTASE			II/ social	17 10150004 4017		ADDRES
	O EVER IN U.S. ARMED		16. SOCIAL SECURITY NO.	Walter Jon	les 1224 Str	ricker St.
1B. /	5 V		CALLS	E OF DEATH		INTERVAL BETWEEN
DISEASES RISE TO TH UNDERLYIN OTHER SIGN TO THE	OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	CONTRIBUTION TO THE	HE			
Ö	OPERATION 198, CON WAS PER		WHICH OPERATION	No No	OT No. 208. IF YES, WERE FI	
UNDERLYING	L CAUSE WAS OR CONTRIB- SE OF DEATH.	21 B, home etc.)	PLACE OF INJURY (e.g., , form, foctory, street,	in or obout 21C, WHERE office bldg., INJURY OCCL	DID (If in Boltimore City, gi	ve exoct location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	V	VHILE AT NOT	WHILE	NJURY OCCUR?	
22. I cert	tify that I held on I				on this bosis, death in m	ny opinion
resul	ted from: Notural co	uses X	celdent Suicio	le Homicide	Undetermined manne	er
			/			
ACTUAL	(,)/		1-	CHIEF MEDICA		DATE SIGNED
SIGNAT		aller 1	M.D	ASSISTANT MEDICA	L EXAMINER A	1.127 166
EXAMIN			etty, M.D.	ASSOCIATE MEDICA	AL EXAMINER	4/21/66
Burial Creify Burial Specify	4		Mt. Calver		Balto., Md.	, town, or county) (State)
AA. DATE REC'D	BY HEALTH DEPT.	248. NAME	OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS
	APR 25 MEE	130	E CO D JAM	Shory)	Lelson 134	1-11
/S 151-REV. 1/1/	65				7 1	



IMPORTANT

FUNERAL DIRECTOR:

Registered	NaGG	04209
------------	------	-------

CT OC	BIRTH NO.	66 0	4209 CERTIFICA	TE OF DEATH	Registered Na	6 04209
death eased n the Such	M.E. CASE NO.	00 (A Prop of Co		ND HOUR OF DEATH	
P 8 8 4	BRASSARD	Toseph Alph	onso Romero	ADT	il 19 1966	8.15 p.M.
				Maryland	NTY	27-05
	HOSPITAL OR	oddress or location)	institution, give street	C. CITY OR TOWN (II o	utside city limits, write	RURAL ond give township)
ior ior	U.S. Public 31 st St. 8		rvice Hospital k Drive	Baltimore D. STREET ADDRESS ()	frural, give location)	
de de	Baltimore.	Maryland 2	MARRIED, NEVER MARRIED	3025 Orlando	Avenue	
and	and the second		WIDOWED, DIVORCED (specily)		lost birthdoy)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min,
re- re- re- seas			WTD B. KIND OF BUSINESS OR INDUSTRY	May 17 1915	eign country)	12. CITIZEN OF WHAT COUNTRY?
(4) Undet was in the dec	done during most of working American Se			Massachusetts		U.S.A.
U - > F	13. FATHER'S NAME			14. MOTHER'S MAIDEN NA		
direct J, (4) th w on the dispo	Omer Brassa	ard		Olphonsine H	Poirer	
0 5 0 -	15. Was Deceased Ever in (Yes, no or unknown) (II yes	U. S. Armed Force, give wor or dates	s? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	·	ADDRESS
+ > 0 5 4	U.S. Army	1934-1937	042-16-3452 CAUSE O	Records-U.S. F	ublic Health	Service Hospital
Also, if e of any ounced attendar	DISEASE OR	CONDITION DIREC	CTLY	-		ONSET AND DEATH
	(This does not me			Bronchopneumon with abscess	nia, conflue	nt, Days
fractur o pron gular embal	heart failure, asthem			with abscess	lormation	
A fra who regu		EDENT CAUSES	(B)DUE TO	омформиции формии и и информу и и и и и о форму фи и о и о форми ф	0000 000 0000 0000 0000 0000 0000 0000 0000	0000-000-000-00-1-1
200 5	DISEASES OR CO	ve couse (A) s				NA WY-COM NA N CON NA N CON NA N CON CON CON CONTROL OF
	UNDERLYING CON	IDITION Iosi.				
the hospital by a medical ny nature; (2) Body burns; (except where the physicia and (6) No physician was obtained before the remain	OTHER SIGNIFICANTO TO THE DEATH DISEASE OR COND	CONDITIONS CO	NTRIBUTING ED TO THE			1
Body the prysicic	PRTIE O	WAS PERFO		20A. AUTOPSY? (Yes or N		
tal be; (2) No ph befor	OR CONTRIBUTING	CAUSE OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR?	(If in Baltimon	e City, give exect locotion)
hospital nature; (ept whe d (6) No ained bet	OF INJURY (APPROX.)	h) (Doy) (Yeor)	(Hour) 21E. INJURY OCCURRED While At Not While At Work At Work	21F. HOW DID IN	JURY OCCUR?	
any r (exce ; and			attended the deceased fram Ap	ril 19		April 19 19 66 .
0 0						nian death accurred an the date
sed to ent of spital eath) ust be	2	the causes states	d abave. (Ve) (did) (VA)	riew the bady after death.	•	
POPE	23A. SIGNATURE	~ .	M.D. AH	ending Med.	Stolf	23B, DATE SIGNED
0 - + 0	23 C. PHYSICIAM'S NAME (Type)	1 mg	Phy	s. Director 23D. ADDRESS	Phys.	April 20, 1966
was r A. at a prior pprov	Thoma		Surgeon (R) M.D.			Hospital, Balto.,Md.
\$0000	24A. BURIAL CREMATIO REMOVAL (Specify) BURIAL	N, 248. DATE	24C. NAME OF CEMETERY OF CR		LOCATION (C	ity, town, or county) (State)
the bod shows: was D.C decease written	25A. DATE REC'D BY HE	5 1966 R	SE NAME OF REGISTRAR	25C. FUNERAL DIRECTO	heroweth 36	Theslust Am,

25A. DATE RECTORY HEALTH DEPT. VS 150-REV. 1/1/65

D.O.A.

M ds

the body

shows:

eceased

0

decyh ceased of degrh Deceased

uo

ance

attend 0

cause; (5) cause

death.

prior

an

hospital

0

BALTIMORE CITY HEALTH DEPARTMENT 66 04210 CERTIFICATE OF DEATH Registered No.6 04211 BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) RESSTEKARNOLD 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence A. STATE B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR addless of location) (If outside city limits, write INSTITUTION BOLTON HILLNURSING HOME (If rural, give location) CHTHOERT AVE 5. SEX 9. AGE (In yeors If Under 1 Yi. 6. RACE 7. MARRIED, NEVER MARRIED If Under 24 His. WIDOWED, DIVORCED (specify) Months Doys Hours WHITE SINGLE 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during mast of working life, even if retired MP HOUSEK EEPEA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 16. SOCIAL 17. INFORMANT (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. MARGARET MAY 5301 CUTHOERT AVE NO 219-30-1926 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Gangrene, toes left foot several weeks (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) generalized arteriosclerosis several yrs. ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving (c) congestive heart failure rise to the above cause (A) stating the several weeks UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Hypertensive C.V. disease sec. to B sev. months TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined (Month) (Dov) (Year) (Hous) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While [(APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 2-17-66 4-18-66 that (\$) (we) last saw the deceased alive onand that in(my) (our) apinion death accurred on the date and haur and from the causes stated above. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director 4-20-66 23 C. PHYSICIAN'S 23D. ADDRESS

NAME (Type)

2431 MARYLAND AVE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

BALTIMORE 21218

REMOVAL (Specify) BURIAL NEW CATHEDERAL

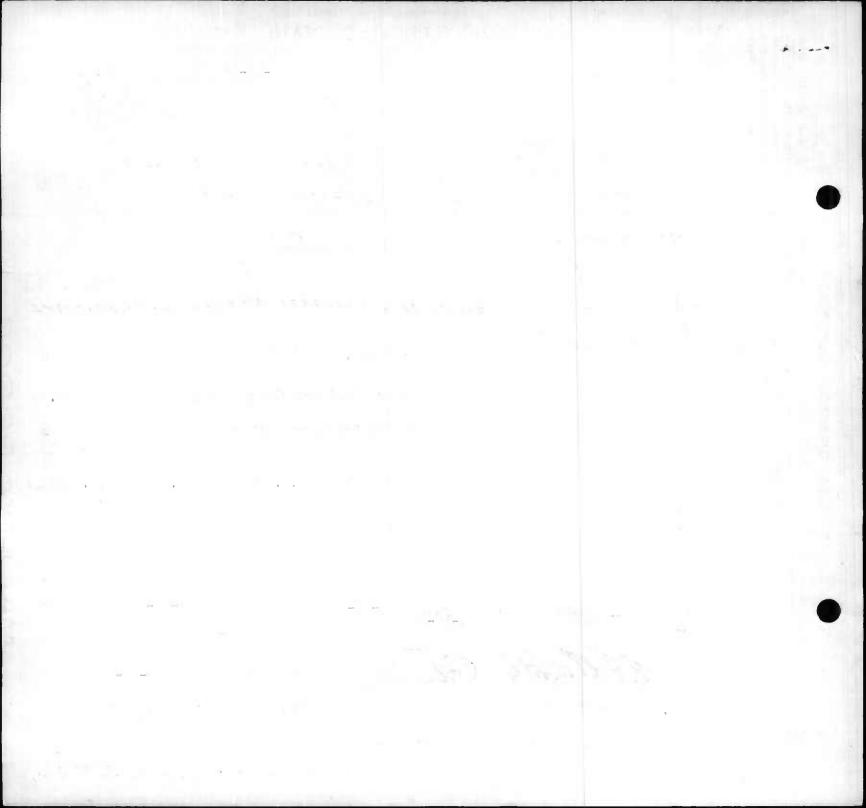
BALTON

25B. NAME OF REGISTRAR

E. ELLSWORTH COOK

24A. BURIAL CREMATION, 24B. DATE

25C. FUNERAL DIRECTOR



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

deceased prior to death); and (6) No physician was in regular attendance on the deceased pri written approval must be obtained before the remains are embalmed or final disposition is made.

was D.O.A. at a hospital (except where the physician who pronounced

the body was released to the hospital by a medical examiner.

Such

prior to death.

was in regular attendance on the

death

BALTIMORE CITY HEALTH DEPARTMENT

	H NO.		66 04	1211	CERTIFICA	TE OF D	EATH	Registered No	6 0421	1	_
	AME OF DECE	ASED					2. DATE	AND HOUR OF DEATH	Н	0	
(Тур	e or Print)		~ ~ .				An	mil 22 7066	5	120 1.	
3. P	LACE OF DEA	TH IN BAL	TIMORE MAR	TLAND		4. USUAL RES	IDENCE (W	ril 22, 1966	institution: residen	nce before odmission	N1.
-	FULL NAME OF HOSPITAL OR NSTITUTION		ot in hospital o ess or location)	i instilution,	give street	A. STATE	B. COL	JNTY outside city limits, write	20-	05	
						Ba	alto.				
06				~ .		D. STREET AD	DRESS (If rural, give location)			_
			S. Furro			1		rrow St.			
5. S		6. RACE		WIDOWE	D. DIVORCED (specify)	8. DATE OF BIL		9. AGE (In years tost birthday)	Months Doys	r. If Under 24 Hrs Hours Min.	5.
		White		Widowed	BUSINESS OR INDUSTRY	Sept.19		86	12. CITIZEN	06	-
done	during most of w	orking life,		IOR KIND OF	BUSINESS OK INDUSTRI	Balto.		meigh country	WHAT C	OUNTRY?	
	House Wi										
13.	FATHER'S NAM		io to			14. MOTHERS	MAIDEN N	AME			
		W. Kr	XXXXXXXXX				Eva E.	Kramer			
15, 1	Was Deceased			es?	1 6. SOCIAL	17. INFORMAN	T		ADD	DRESS	_
(Yes	, no or unknown)	(If yes, giv	re wor or dotes	of service)	SECURITY NO.		Balto	. Md. 21223			
	No.				219-12-9816a	Mrs. Ve	erna E.	Hofmann 454	S. Furro	w St.	
	18. of life	DX	1		CAUSE O	F DEATH	1			RVAL BETWEEN	
	DISEASI	OR COL	IDITION DIR	ECTLY			, 1	1.	ONSI	ET AND DEATH	
	1	LEADING	TO DEATH		1 Leon	Dualny	Ha	ulun			
	(This does no				DUE TO		X	***************************************			• • • •
	heart foilure, o				11		4.				
	, ,			Geom./	Her	wall	1100				
	A	NTECEDE	NT CAUSES		DUE TO	/	/				****
	DISEASES O				blech	a tonsa.	0d7	Aleinson	inte		
	rise to the			sloling the	ENG IV	7 g nece	~ Tu	reacy se			
	UNDERLYING	CONDIII	ION Iosi,		er	der po	soun	/ www.	week		
ATION	OTHER SIGNIF TO THE DE DISEASE OR (ATH BU	T NOT RELAT	TED TO TH	G E						
ERTIFIC	19A. DATE OF	OPERATIO	WAS PERF		WHICH OPERATION	20 A. AUTOP	SY? (Yes or	No. 208. IF YES, WERE IN CERTIFTING C	FINDINGS CON AUSES OF DEAT	ISIDERED H?	
CAL CE	21 A. A CCIDEN OR CONTRIBU DEATH (notify	ING C	AUSE OF	218 horr etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	n or obout 21 C. V ffice bldg., INJUI	WHERE DID RY OCCUR?	(If in Boltima	ore City, give exc	ct locotion)	-
ō	21D. TIME OF INJURY	(Month)	(Doy) (Year)	(Hour) 21 E	INJURY OCCURRED	21F. F	OW DID II	NJURY OCCUR?			_
ME	(APPROX)			Wh	ile A1 Not While		100	11 PI		11	
	22. I certify	that (1) (t	his hospital)	attended t	he deceased from	aug	W_	1000,000	W/22	1996	
					april	2200 61	of and	that in (my) (aur) or	pinian death ac	curred on the da	ite
) (Ha) (did) (del Hot)						
	23A. SIGN TO	/1	1	7+					238 DATE SIG	SNED /	_
	(Le	All	roro	Sly	M.D. Att	ending 2	Med. Director	Stoff Phys.	4/2	3/66	
	23C. PHYSICIAN NAME (Ty	pe) C	BA	PHE	Rel	23D. ADDRESS	n.	hemrel.	+ Bas	BINA	-
244	BUDIAL CREE	ATION	וטכו	01)	M.D.	00/0	1110	15/ 100 /30	1 rec	01/14	
ZAA	REMOVAL (S	pecily)	46. DATE	24C. N.	AME & CEMETERY OF CR	MAIORY	240.	LOCATION	City, town, or cou	unty) (Stote)	

April
HEALTH DEPT. Burial 25A. DATE REC'D

25. 1966 Loudon Park Cem.

Balto. Md.

ADDRESS

APR 25

G. Truman Schwab 3512 Frederick Ave. Balto. Md

VS 150-REV, 1/1/65

Respected failers Heren pletino S. Showlety Sty Colm mond fall

rif death occurred in a hospital and irect or contributing cause of death (4) Undetermined cause; (5) Deceased assistant if any his of fracture the chief medical examiner 4 3 burns; Body

0

the body was released to the hospital

approved by

(7)

any nature;

of

An accident

shows:

D.O.A.

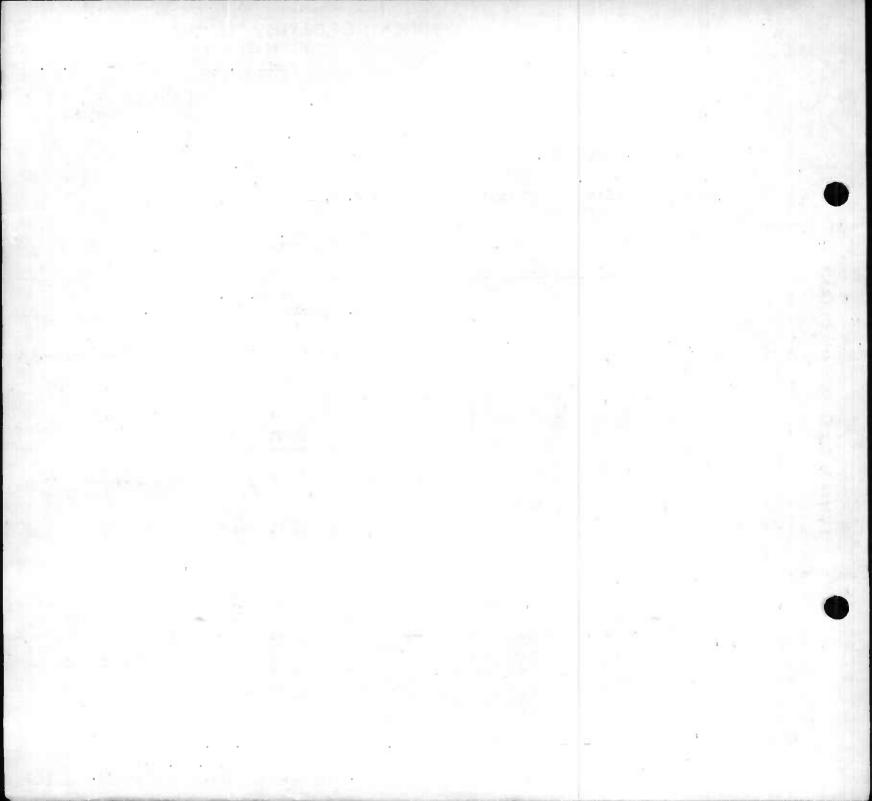
MOS

eceased

decease

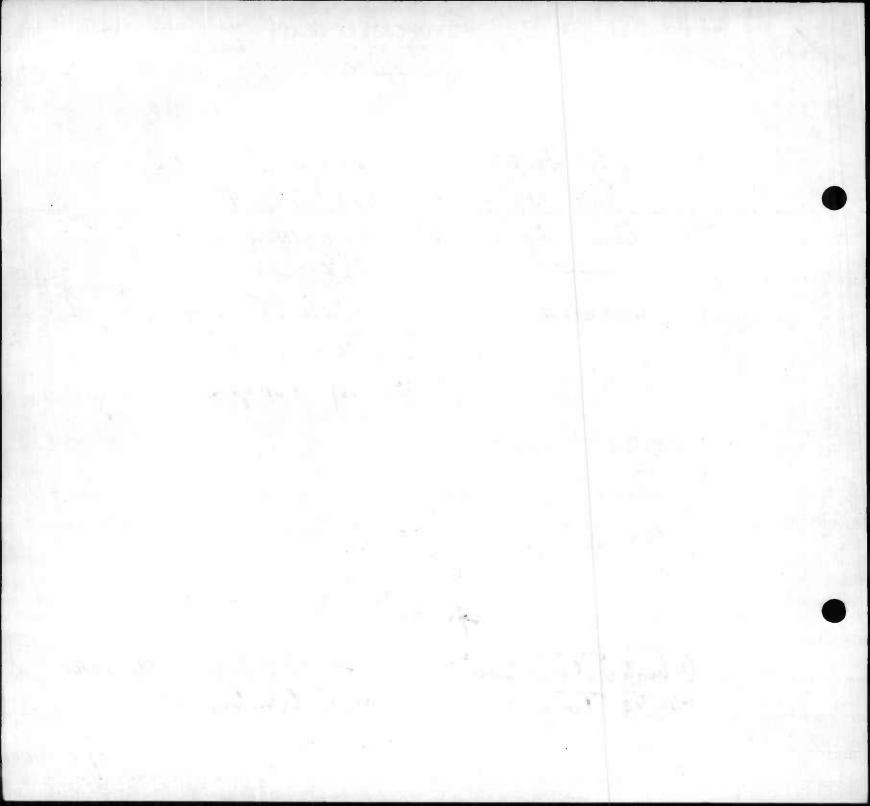
BALTIMORE CITY HEALTH DEPARTMENT Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) no April 22, 1966 8- 45 A. M. Anna Metz 4. USUAL RESIDENCE (Whore deceased lived, II institution: residence before admission)
A, STATE
B, COUNTY eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND ance Md. FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write attend INSTITUTION 10 prior D. STREET ADDRESS (If rurol, give location) 327 Yale Ave. 327 Yale Ave. regular 6. RACE MARRIED, NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. If Under 1 Yr. deceased Months Doys Hours WIDOWED, DIVORCED (specily) lost birthdoy) Female White Widowed Jan. 5, 1879 10A, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? = dispositio Allegany Co. '. House Wife SID 14. MOTHER'S MAIDEN NAME the 3 William Williamson Ellen Kirkland death LO 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT (Yes, no or unknown) (II yes, give wor or dotos of sorvico) SECURITY NO. Balto. Md. 21229 ance No Frances Metz 327 Yale Ave 0 CAUSE OF DEATH INTERVAL BETWEEN 10 ounce attend ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed LEADING TO DEATH (This does not mean the made of dying, e.g., pron heart failure, asthenia, etc. It means the disease, 10 injury or camplication which caused death.) regul who ANTECEDENT CAUSES 0 are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the physician UNDERLYING CONDITION last. the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19 A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 208. IF YER WERE FINDINGS CONSIDERED the WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, alfice bldg., INJURY OCCUR? Ü (II in Boltimore City, give exect location) (except where å DEATH (notify modical examined etc.) MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) and Work At Work 22. I certify that (1) (the hospital) attended the deceased from that (1) (we) last saw the deceased alive an.... and that in (my) (opinion death accurred an the date eath) hospital and hour and from the causes stated above, (1) (10) (did) (did not) view the body after death. 238 DATE SIGNED 23A. SIGNATURE T 4.23.66 Attending Stoff Med. 0 Director approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS 40 NAME (Type)

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 4-25-1966 Meadowridge Cem. Balto. Md. 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR Balto. Md. 21229 G. Truman Schwab 3512 Frederick Ave. VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT

1.NAA	ME OF DECEASED	CERTIFICAT		HOUR OF DEATH	tons and
(Туре	or Print) E. musett	-n. Russe	ell 4	22/66	8. 30
3. PLA	CE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If institu	tion: residence before admis
	LL NAME OF (If not in hospital or institut	tion, give street	mp.		8-13
	SPITAL OR oddress or locotion) TITUTION		C. CITY OR TOWN (If out	side city limits, write RUR	AL and give fownship)
0			Hallung	e	
0 _	or in the dark	too	D. STREET ADDRESS (IF	rurol, give location)	P-4-
5. S EX	6. RACE / 17. MAR	RIED, NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years III	Under 1 Yr If Under 24
-7.	MIDG	OWED, DIVORCED (specify)		lost birthdoy) , M	Under 1 Yr. If Under 24 onths Doys Hours M
10A. U	SUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY 11	1. BIRTHPLACE (State or forei	gn cour	2. CITIZEN OF
done d	uring most of working life, even if retired)	0 ~ 11 7/	2//-	- 1	WHAT COUNTRY?
13. FA	JHERS NAME	cl, 24 Thuon	MOTHER'S MAIDEN NAM	Ma.	11.5.17
1	et D		9100	7	
15/WA	os Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL 17	7. INFORMANT	Ŧ	ADDRESS 31 CH
(Yes, no	o or unknown) (If yes, give wor or dotes of serv	SECURITY NO.		-00 01	1863 Bur
11.	es world mar It		profilenn &	. Kussell	Monnoth
0 18	/ 6 / X	CAUSE OF	DEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	So.	(CACUIDAN	ter.	
	This does not meon the mode of dying,		4		
	eort foilure, asthenia, etc. It meons the disc njury or complication which caused death.)	iose,	.1 /		
	ANTECEDENT CAUSES	(B) O	· of ran	JMX	2 GREN
D	SEASES OR CONDITIONS, if any, gi		1	*	V
	se to the above cause (A) stating	1he (C)		*******************************	*************************
	11				
NO O	THER SIGNIFICANT CONDITIONS CONTRIBLE OF THE DEATH BUT NOT RELATED TO				
A D	DISEASE OR CONDITION CAUSING IT.		720 A 200	1 208 to was	1
ERTIFIC 61	A. DATE OF OPERATION 198 CONDITION I	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	S OF DEATH?
U 21	A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g., in c	or obout 21 C. WHERE DID	(If in Boltimore Ci-	ty, give exact location)
AL DO	R CONTRIBUTING CAUSE OF EATH (notify medical examinet)	home, form, foctory, street, offic etc.)	e bldg., INJURY OCCUR?		
U	D- TIME (Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
3 0	FINJURY	While At Not While			
		Work At Work		THE OF	5 /
	2. I certify that (I) (this hospital) attend			964 to CAN.	21 196
	not (I) (we) lost sow the deceased alive			ot In(my) (our) opinion	death occurred on the
	nd hour and from the causes stated above	re. (I) (Wé) (did) (did not) vie	w the body after death.		
23	A. SIGNATURE	M.D. Attend	ding Med.	Stoff -	B. DATE SIGNED
22	Charles Comme	pour Phys.	Director	Phy s.	71. 22/66
23	C.PHYSICIAN'S		D. ADDRESS	1	/
	cuan's lowned	sello M.D.	aco ch. Com	uverd 5	
	The state of the s	C. NAME of CEMETERY OF CREM	ATORY 24D. LO	CATION (City, t	own, or countyl (St
24A. B	BURIAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	A A		2.	1 0
	REMOVAL (Specify) 4 \$5766	Beltimorie Naci	tional Come , 53	01 Treforice	k-are
	REMOVAL (Specify) ATE REC'D BY HEALTH DEFT. 258 NA	Beltimore nex	25G. FUNERAL DIRECTOR	01 Tredorice	k-Que
1	REMOVAL (Specify) 4 \$5766	Beltimorie Naci	250. FUNERAL DIRECTOR	or Treforic	k- are nc. Holling



IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and VS 150-REV. 1/1/65

	BALTIMORE CIT	Y HEALTH DEPARTMENT	
B	IRTH NO. 66 04214 CERTIFICA	ATE OF DEATH Registered No.	6 04214
A	A.E. CASE NO.	2. DATE AND HOUR OF DEATH	
1	Type or Print Edwin R. Long	Abril 20, 1966	M
3	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institu	ution: residence before odmission)
	FULL NAME OF (II not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (Il outside city limits, write RUR	AL and pive lownship)
11			st port)
1	South Baltimore General Hospital	D. STREET ADDRESS (If rurol, give location) *2333 Annapolis Road	
5	Male White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Jan. 9, 1898 9. AGE (In years lost birthday)	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
11.	OA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR' one during most of working life, even if relived) Barber (FET-) Self-Employed	Y 11. BIRTHPLACE (State or foreign country) Shell town 1 Mory land	2. CITIZEN OF WHAT COUNTRY?
	Garber (+et-) Sert = 2 // 1/2	14. MOTHER'S MAIDEN NAME	U-5-A-
	Sidney C. Long	Estella M. Adams	
1	5. Was Deceased Ever in U. S. Armed Forces? 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
	yes W.W.I 214-05-2099	Mrs-Elizabeth A Long (wife)	Same Ast 2
	7 2201	OF DEATH	ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	my ocerly &	246
	(A) (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	j.	1
	injury ar complication which caused death.)	men o . l e	lea
	ANTECEDENT CAUSES (B)		
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)	Cheld voleni,	The
	UNDERLYING CONDITION last.	00000000000000000000000000000000000000	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., or contributing Cause Of home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Baltimore C office-bldg., INJURY OCCUR?	ity, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
	OF INJURY (APPROX.) While At Not Who Work Not Who Work	ile 🗀	20
	22. I certify that (1) (this hospital) attended the deceased from	300 19 10	Ju (1906
-	that (1) (we) last sow the deceased alive on	19and that in (my) (aur) opinio	deoth occurred on the dote
	and hour and from the couses stated above. (1) (We) (did) (did not)	·	
	23A. SIGNATURE M.D. AI		B. DATE SIGNED
		Itending Med. Stoff Phys.	4/05/00
	23C. PHYSICIAN'S NAME (Type)	206 LEV	
2	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CI		town, or county) (State)
	Burial April 25, 1966 Glen Haven Me	om. Park Glen Burnie	Ind.
2	APR 2 6 1966 Tolers E. Halley M. A.	R. V. Singleton Gle	leton Furneral Home

Frederick it - - take to be to Las distance REELS A STATE OF THE STA 2.6.0 many and product of the standard and a second lean Meter-Remove

	•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	R: IMPOI	TANT		•			We
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death).	the hospital iny nature; except whe and (6) No	he chief med by a medi (2) Body bur re the phys	roved by the chief medical examiner or his assistant if death occurred in a hospital and the hospital by a medical examiner. Also, if the direct or contributing cause of death y nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased xcept where the physician who pronounced death was in regular attendance on the land (6) No physician was in regular attendance on the deceased prior to death. Such	er or his as r. Also, if ture of any ronounced ar attenda	the direkind; (4 death	f death of or co) Undete	ntributing rmined co	in a hos g cause ause; (5) ttendancer to de	pital ar of dea Deceas	4301
Written approval must be obtained before the remains are embalmed or final disposition is made.	obtained be	fore the rem	dins are em	balmed or	inal dist	noition	s made.	2		

66 (14215) BALTIMORE CITY	HEALTH DEPARTMENT	
M.E. CASE NO.	TE OF DEATH Registered No. 1215	
TINAME OF DECEASED (Type or Print) LOMA GAY WELCH	2. DATE AND HOUR OF DEATH 22 April 1966 3:5	OPN
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before	ore odmission)
FULL NAME OF (If not in haspital or institution, give street	Mo. 2/03	
HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city timits, write RURAL and give towns	hip)
/ 11 00 11	D. STREET ADDRESS (If jurol, give location)	
UNION MEMORIAL HOSPITAL	2814 AlisA AVE. Ulsia	2_
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) NEVER MARRIED	Nov. 4 1907 9. AGE (In years If Under 1 Yr. If I Months Doys Hou	Under 24 Hrs
	11. BIRTHPLACE Stote or foreign country) 12. CITIZEN OF WHAT COUNTR	147
? Clerical Soc. Security	VIRGINIA U.S.	
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
William Welch	Della Blevens	
S. Was Deceased Ever in U. S. Armed Forces? Yes,no_orunknown (II yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS	
No 231-18-4169	MR. LARRY WELCH-NepHEW-SA	ME
1B. CAUSE OF		ETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	EREBRALLEMORRHAGE 20 hi	15
(This does not meon the mode of dying, e.g., DUE TO	The Broading Comments of the C	
heort foiture, osthenio, etc. It means the disease, injury or complication which caused death.)	Janing Agency	
ANTECEDENT CAUSES (B) DUE TO	APPRICATE DISEASE 10 y	62
	HEART DISEASE	
underlying Condition last.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING IT. 199. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERE	D
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?	
U 21A. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in home, farm, foctory, street, off etc.)	or about 21 C. WHERE DID (II in Baltimore City, give exact local ince bldg., INJURY OCCUR?	tion)
21D. TIME (Manth) (Day) (Yeor) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.) While At Not While At Work		
22. I certify that ((this hospital) attended the deceased fram	21 April 1966 10 22 April	19 66
that (we) last saw the deceased alive an 22 April	19 6 6 and that in (aur) opinian death accurred	
and haur and from the causes stated above. IS (We) (did) (did with) vi		
23A. SIGNATURE	23B. DATE SIGNED	1
L'évan Custer M.D. Atter		1966
23 E. PHYSICIAN'S NAME (Type)	3D. ADDRESS	
DR. L. EVAN CUSTER M.D.		
24A. BURIAL CREMATION, REMOVAL (Specily) 24B. DATE 24C. NAME of CEMETERY OF CRE	MATORY 24D. LOCATION (City, town, or county)	(Stote)
Burial 4/25/1966 St. Matthews Cemt	The state of the s	
APR 26 1966 Poles E. Faller	Eugenia K. Seitz 5209 York Rod ADDRES	
VS 150-REV. 1/1/65	Seitz Funeral Home Balto. Md. 2121	12
75 13U=RE V+ 1/1/03		

written approval must be obtained before the remains are embalmed or final disposition is made.

Such

to death.

prior

a hospital and

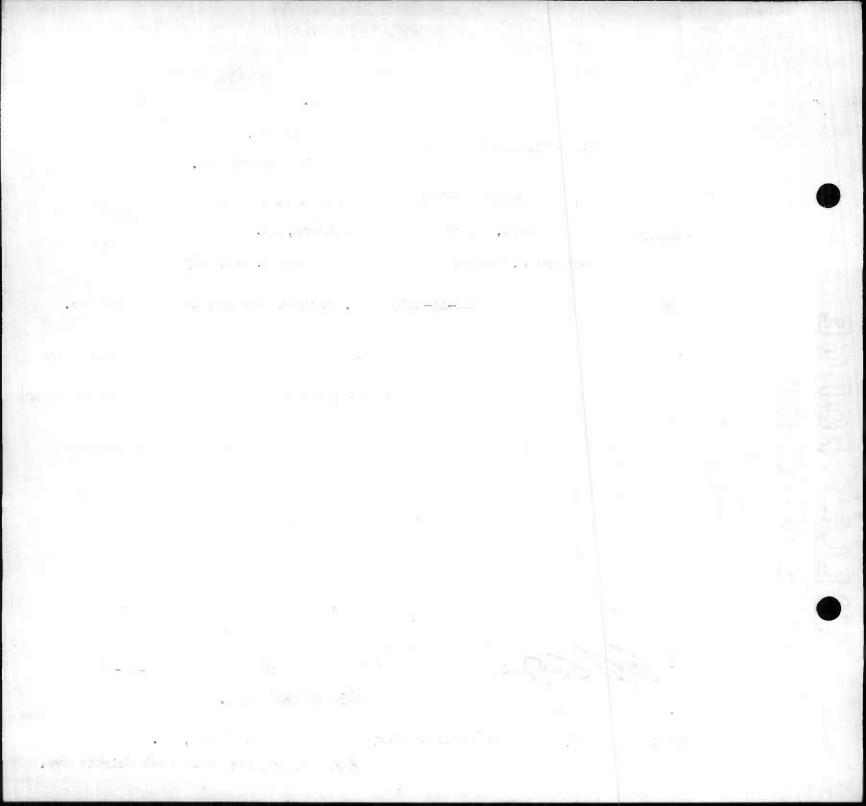
				BALTIMORE CITY	HEALTH DEPAR	TMENT		
BIRT	H NO.	66 04	1216	CERTIFICA	TE OF DE	ATH Registered N	£6 14216	
1, N	AME OF DEC	Marry Ha	garty			2. DATE AND HOUR OF DEAT	TH .	
3. PLACE OF DEATH IN PARTICIPAL HOME					U. Maria access	1/21/66 2 P	M. Finstitution: residence before admission)	
3. PLACE OF DEATH IN BALTIMORE, WARYLAND			A. STATE B. COUNTY					
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) INSTITUTION			Md. 15/3					
			C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
Bolton Hill Nursing Home			Baltimore, D. STREET ADDRESS (II rurel, give location)					
BOTCOIL WITT MALATING HOME				THE HOME	2815 Waldorf Ave.			
5. \$	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min.	
F		W		Married	Annil 1	lost birthdoy)	Months Doys Hours Min.	
				BUSINESS OR INDUSTRY	11. BIRTHPLACE	State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
done during most of working life, even if retired) Cashier Dept. Store			Store	Baltimor	e. Md.	WHAI COUNTRIE		
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NAME			
Bernard J. Hogarty				garty	Mary C. Donnelly			
		Ever in U. S. Armed For		SECURITY NO.	17. INFORMANT		ADDRESS	
	No			212-18-2284	Mrs. Vero	nica Wunder, 28		
	18. 33	1 X 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH							
	(This does not mean the mode of dying, e.g., (A) Uerebro-Vascular accident Several nours							
	heart failure, asthemio, etc. Il means the disease, injury or complication which caused death.)							
	ANTECEDENT CAUSES (B) Cerebro-vascular arterio sclerisis Several Years							
	DISEASES OR CONDITIONS, if ony, giving							
	rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.							
_								
101	TO THE D	FICANT CONDITIONS C	TED TO TH					
CA	19 A. DATE OF	OPERATION 198 CON		WHICH OPERATION	20A. AUTOPSY	? (Yes or No) 20B. IF YES, WEI	RE FINDINGS CONSIDERED	
ERTIFICATION	0	WAS PER			No	IN CERTIFYING	CAUSES OF DEATH?	
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, loctory, street, office bldg., INJURY OCCUR?							
EDIC	21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E,	INJURY OCCURRED	21 F. HO	W DID INJURY OCCUR?		
ME	OF INJURY (APPROX.) While At Not While Work At Work							
	22. I certify that (1) (this hospital) attended the deceased from March 9. 19 66 to April 24, 1966 19							
	that (I) (we) last saw the deceased alive an April 23, 1966 19 and that in(my) (aur) apinian death accurred an the date							
	and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death.							
	23A. SIGNATU	RE					23 B. DATE SIGNED	
		1910)/r	M.D. Atte	ending Me	ector Stoff Phys.	4-24-66	
	23 C. PHYSICIA NAME (T	N'S ype)			23D. ADDRESS	TO SERVICE A STORY		
		LISWORTH COOK		M.D.	2451 MA	RHIAND AVE.		
24A	BURIAL CRE	MATION, 248. DATE		AME of CEMETERY of CRI	MATORY	24D. LOCATION	(City, town, or county) (Stote)	
Burial 4/28/66 Cathedral Cemetery						Baltimore, Md.		

25A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTRAR 2 1966 6

6. Lernon Lommers. 4611 Park Heights Ave.

VS 150-REV. 1/1/65

Burial



eath O IMPORTANT assistant DIRECTOR: examiner chief medical FUNERAL the

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH BIRTH NO. of death Deceased Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) u o hospital death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance B. COUNTY cause; (5) COUSE Maryland FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN 0 0 Middle River (20) prior contributing (If rurol, give location) BALTIMORE, MD. 21224 occurred Hawthorne Road 78 made. etermined regular 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In year 5. SEX deceased WIDOWED, DIVORCED (specify) Male White Widowed disposition is OA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country done during most of working life, even il retired) Und Cooper Germany Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown LO death 15. Was Deceased Ever in U. S. Armed Forces?
(Yes,no or unknown)((If yes, give wor or dotes of service) 6. SOCIAL 17. INFORMANT final SECURITY NO. attendance RECORDS: BCH 4940 Eastern Avenue No 07 6965 fracture of any pronounced CAUSE OF DEATH 0 DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury or complication which coused death.) e H who ANTECEDENT CAUSES are 4 DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION Iosi. physician the remains Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE No physician DISEASE OR CONDITION CAUSING IT. any nature; (2) Body 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION the O WAS PERFORMED Yes before 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING Ū where OR CONTRIBUTING CAUSE OF to the hospital DEATH (notify medical examiner) MEDIC obtained (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While r (APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased from. Pe that (I) (we) last sow the deceased alive an of death) hospital and hour and from the causes stated above. (1) (We) (did not) view the bady after death. the body was released accident must 23A. SIGNATURE Allending M.D. 0 Phys. approval 0 prior 23C. PHYSICIAN'S 23D. ADDRESS 4940 Eastern Avenue to NAME IType An was D.O.A. deceased p 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION REMOVAL (Specify) shows: 4/27/66 Holy Rosary Cemeters 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR SC. FUNERAL DIRECTOR Bruzdzinski Funeral Home 1407 Eastern Ave. VS 150-REV. 1/1/65

Registered No. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) Baltimore (If outside city limits, write RURAL and give township) If Under 24 Hrs. II Under 1 Yr. Hours Months Doys 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS ONSET AND DEATH 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? III in Baltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23 B. DATE SIGNED HO511 (City, town, or county)

Man Jiri

- syle efemi

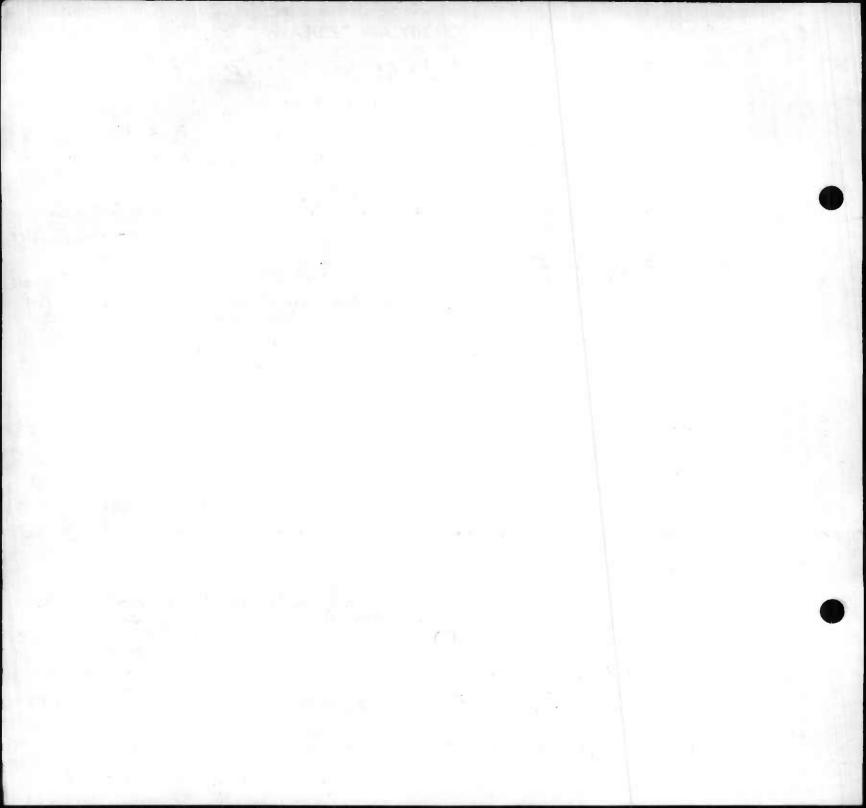
Helenowen

- - I man 1.1 ... 431 1 ... 600 15.515:

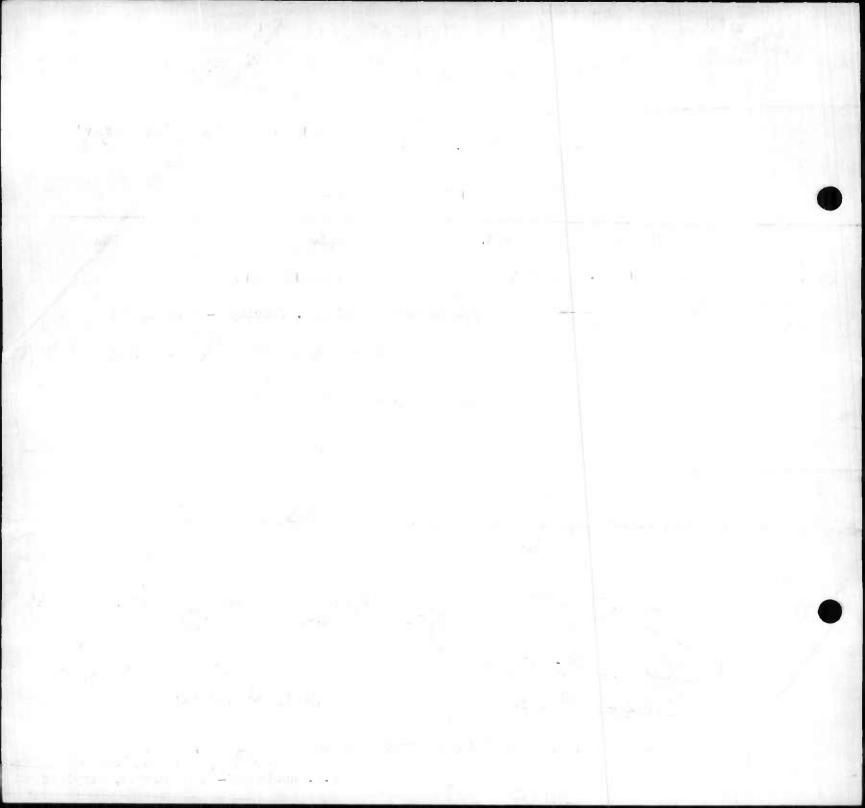
week received with a fermion for comments

BACIIMONE CITT HEACTH DELAKIMENT		BALTIMORE	CITY	HEALTH	DEPARTMENT
----------------------------------	--	-----------	------	--------	------------

0-		тн но. 66 (14218	CERTIFICA	TE OF DEATH Registered No. 6	114218
on the	1. N	E CASE NO. HAME OF DECEASED PO OF Print) Fouche, Mar	CEL ENGE	2. Date and Hour of Death 2 n & 4/24/1966	6 10 AM
-		PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution,		4. USUAL RESIDENCE (Where deceased lived. Il instit A. STATE B. COUNTY Maryland	27-38
ior to deat	1	Montabello Stata Ho	SP	C. CITY OR TOWN (If outside city limits, write RUF Q 1 m6 R D. STREET ADDRESS (If rurgl, give location)	
-		Baltimore		5809 Halwyn Ave	
regular sased p is made		M MIDOME	D, DIVORCED (specify)	6/30/1899 66	If Under 1 Yr. If Under 24 Hrs. Aonths: Doys Hours Min.
		N. USUAL OCCUPATION (Give kind of work 108, KIND Of the during most of working life, even if retired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) France	12. CITIZEN OF WHAT COUNTRY?
the decision	13.	FATHERS NAME 3 Talin 1. Fauch	1	14. MOTHERS MAIDEN NAME Thanks I. Lamen	-A-
death ince on final di	1s. (Ye	Was Deceased Ever if U. S. Armed Forces? s,no or unknown) (II yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 2/5-10-475	17. INFORMANT Mrs Mary Cummons	739 Cator Ave
or f		18. SISSASS OR CONDITION DOTON	CAUSE OF		INTERVAL BETWEEN ONSET AND DEATH
pronounced ilar attendan nbalmed or fi		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenio, etc. II means the disease, injury or complication which coused deoth.)	DUE TO J	camous Cell Ca of Tonque	1 yr.
who regu		ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.			
physician an was ir remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTINT TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	G IE		
physician ore the re	ERTIFIC	19A. DATE OF OPERATION 198. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 7 6 5 20B. IF YES, WERE FIN IN CERTIFYING CAUSE	IDINGS CONSIDERED ES OF DEATH?
bed bet	CAL CI	21A. A CCIDENT WAS UNDERLYING 21E	ne, form, lactory, street, off	or obout 21 C. WHERE DID (II in Boltimore C INJURY OCCUR?	City, give exact location)
÷ 0 =	MEDI		INJURY OCCURRED Not While At Work		7-
(ex) ar		22. I certify that (1) (this haspital) attended that (1) (we) last saw the deceased alive an	he deceosed fram	24/19 66 and that in(my) (aur) apinio	on death accurred on the date
ospital death) must be		and haur ond fram the causes stated above.		iew the body after death.	38, DATE SIGNED
무우등		Healtean a	Phys	nding Med. Stoff Phys.	4/24/66
prior		PAME (Type) HEAREAN	LEW M.O.	Monts bello State Hosp	
was D.O.A. at a l deceased prior to written approval	1	A. BURIAL CREMATION, 24B. DATE 24C.N REMOVAL (Specily) 4/26/66 Ha	Ly Redeeme	recenters Boltimore, N	town, or county) (State)
dece		40,000	OF REGISTRAR	Eugenid K. Sait 520	9 York Rd
100	VS	1SO-REV, 1/1/65			



		BALTIMO	RE CITY I	HEALTH DEPARTMEN	NT A	
		TH NO. 66 U4219 CERTII	FICAT	E OF DEAT	H Registered No.	66 04219
	1. N (Typ	Pe or Print) THURLBY, STANLEY	1. H		4 23 66	300 pm.
	F	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION		C. CITY OR TOWN	ND (If outside city limits, write	RURAL and give township)
	1	3 JOHNS HOPKINS HOSPI	TAL	LEXING D. STREET ADDRESS 303 SHW	OF TUTOL, give location) SUWANEE PL	(ST. MARY'S COUN
	5. S	MALE WHITE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED (spe	ecify)	4-18-02	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
2		A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR IN the during most of working life, even if retired)	IDUSTRY 1	1. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13.	Salesman Dept. Store	1	Ohio 4. MOTHER'S MAIDEN	INAME	USA
	15. Yes	BENJAMIN F. THURLBY Was Deceased Ever in U. S. Armed Forces? s, no arunknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO		JESSIE.	WHITE	ADDRESS
			686		hurlby - same	
D Dalling III		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart foilure, astheria, etc. It means the disease, injury or complication which caused death.)	1	^	ANEURYSI	1
o o o cuilo		ANTECEDENT CAUSES DUE DISEASES OR CONDITIONS, if ony, giving tise to the obove cause (A) stating the UNDERLYING CONDITION last. (B) DUE (C)				
	ATION					
e TII	ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	N	20 A. AUTOPSY? (Yes		FINDINGS CONSIDERED AUSES OF DEATH?
	U	OR CONTRIBUTING CAUSE OF		or about 21C. WHERE C		are City, give exact location)
2011	0		RED Not While At Work		D INJURY OCCUR?	
on and is		22. I certify that (I) (this haspital) attended the deceased from that (I) (we)) last saw the deceased alive an	3	19 66	nd that In(my) (aur))ap	4 23 19 66 .
		23A. SIGNATURE BUILDIN M 23C. PHYSICIAN'S	A.D. Attend	ding Med. Director	Stoff Phys.	4 23 66
bblock	244	CHARLES BUETON	M.D.	601 N	Broadwa	
=	24 A	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETER			4D. LOCATION (City, town, or county) (State)
	25A	Burial 4/26/66 Trinity Memo	oral C	25C. FUNERAL DIRE		aryland
3	VS	APR 26 1966 R.O. & E. Fallymn 150-Rev. 1/1/65		P.B. Ro	binson o Leons	ardtown, Maryland



V	~h7			BALT	IMORE CITY	HEALTH	DEPARTMENT			
BIRT	H NO. 12_	922 66	1422	CER	TIFICA	TE O	F DEATH	Registered N	() 114	220
	AME OF DECE	1 4 4						AND HOUR OF DEAT	Н	
	e or Printl	alter B. Bow	ers	(Blaszko	wski)		4	17216	0601	1 A M
3. 1		TH IN BALTIMORE, MA	RYLAND	(1) 1 (1) 2 (1)	MOILL/	4. USUA	L RESIDENCE (WHE	nere deceased thred.	institution: re	sidence before odmission)
1	FULL NAME OF HOSPITAL OR Oddress or locotion) Baltimore City Hospitals			5	Mar c. city	yland	outside any limits, will	e RURAL ond	give township)	
3	/	4940 East	-	_				If rurol, give (acotion)		
		Baltimore			224			rd Street	21224	The same of the sa
5. 5	EX	6. RACE		IED, NEVER MA		B. DATE	OF BIRTH	9. AGE (In years	It Under Months	J Yr. If Under 24 Hrs. Doys Hours Min.
Me	ale	White		rried	, (spearly)	11-7		67		Later See
		PATION (Give kind of working life, even if retired)	k 10B, KIND	OF BUSINESS C	R INDUSTRY	11. BIRTH	IPLACE (State or lo	reign country)		EN OF
	_	tenance	Ri	gging		Mar	yland		U.	S.A.
	FATHER'S NAM			33===0		14. MOT	HER'S MAIDEN N	AME		The state of the s
1	George	Blaszkowsk	i			Mai	ry Manie	wski		a like to
15. (Ye	Was Deceased	Ever in U. S. Armed Fo	rces? es of servi	1 6. SOCIAL SECURIT	n nd	17. INFO	RMANT			ADDRESS
	No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		212-14-		RECO	RDS:BCH 49	40 Eastern	Avenue	21224
	DISEAS (This does not heart failure,	E OR CONDITION D LEADING TO DEATH all mean the made a asthenia, etc. It mean plication which couse	f dying, s the dise	8.g.,	CAUSE O		_	nohulol		onset and death
	Δ	NTECEDENT CAUSE	s		(B)) S(C	cea pon	whome	00	24 VW 5
	rise to the	R CONDITIONS, if above cause (A) CONDITION last.		. *	(C)					
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
CERTIFIC	19A. DATE OF		NDITION F RFORMED	OR WHICH OPER	RATION	20 A.	NO (Yes or)	No) 20B. IF YES, WEI		
CAL CE	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner					21C. WHERE DID	(If in Boltin	nore City, give	e exact location)
EDI	21 D. TIME OF INJURY	(Month) (Doy) (Year	(Hour)	21E INJURY OC	CURRED		21F. HOW DID IN	NJURY OCCUR?		
Z	(APPROX.)			While At Work	Not Whil At Work				1 1-	- 151

22. I certify that (M) this hospital attended the deceased from that (I) (we) lost saw the deceased alive an 123

and hour and from the causes stoted abave (1) (W

19.60 and that in(my) (aur) opinion deoth occurred on the dote

(did) did not) view the body ofter death.

Med. Director Attending Phys.

23B, DATE SIGNED Stoff Phys.

PHYSICIAM'S

M.D.

M.D.

23D. ADDRESS Eastern 4940 Avenue

21224

24A. BURIAL CREMATION, 24B, DATE

24D. LOCATION Baltimore, (Fity, Jawa/ on daunty) (Stote)

REMOVAL (Specify)
Burial 26/66 25A. DATE

St. Stanislaus 258. NAME OF REGISTRAN

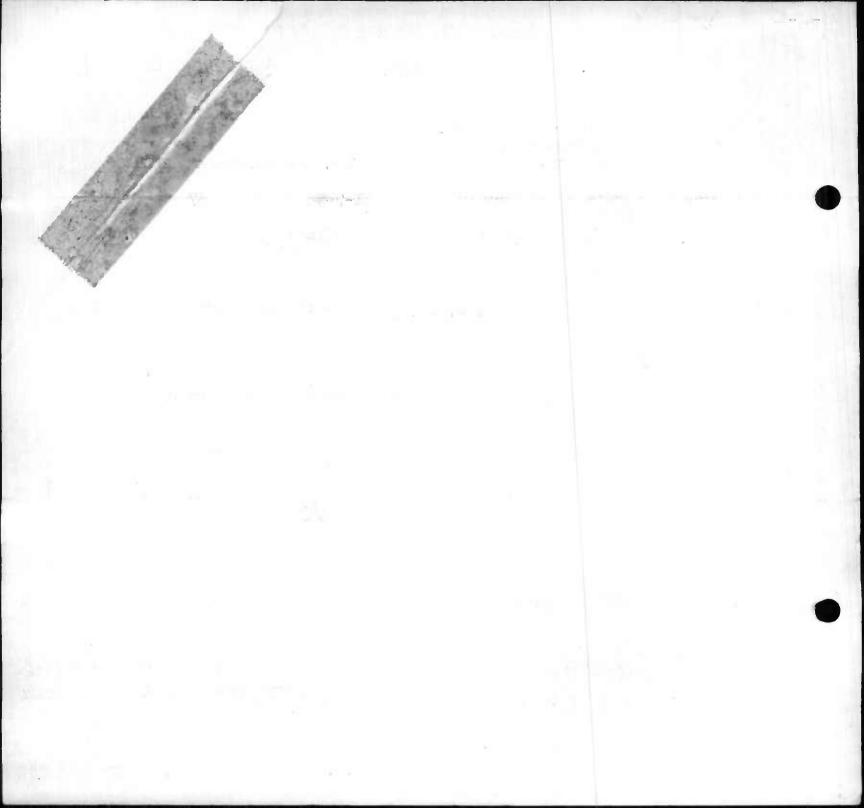
25C. FUNERAL DIRECTOR

Maryland ADDRESS

2

& SONS, 1808 EASTERN

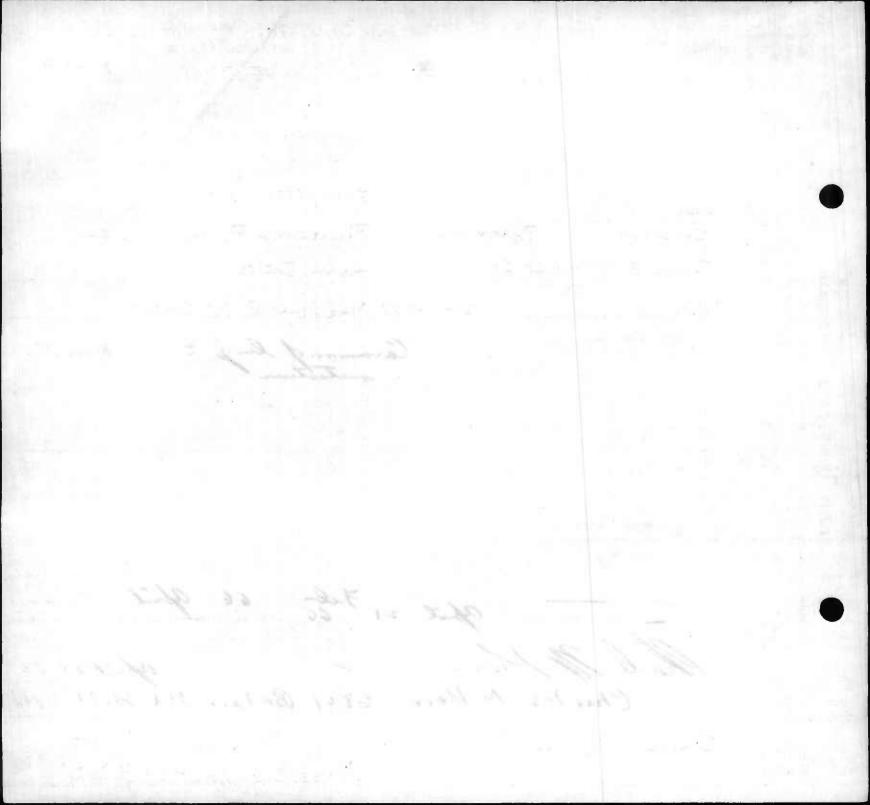
VS 150-REV, 1/1/65



FUNERAL DIRECTOR: IMPORTANT

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

	BALTIMORE CIT	Y HEALTH DEPARTMENT				
BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH	Registered No	5 114221		
I. NAME OF DECEASED	McCauley Sr.		ND HOUR OF DEATH 1-23-1966	1 8:45 A M.		
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh.		institution: residence before admission)		
FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	C. CITY OR TOWN (If or	utside city limits, write	RURAL and give township)		
6605 Walther A	venue 1/6	Baltimore, Ma	ryland			
0005 war ther h	venue "o	6605 Walther				
wipc	RIED, NEVER MARRIED DWED, DIVORCED (specify) Married	7/23/1900	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIN) dane during most of working life, even if retired)	D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or far	eign cauntry)	12. CHIZEN OF WHAT COUNTRY?		
	LRMACKY.	PHILADELPHIA	PENNA.	U.3A-		
13. FATHERS NAME		14. MOTHER'S MAIDEN NA				
THOMAS B MC CAULEY S	SR.	ANNA. DE	155			
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknawn) (If yes, give wor or dotes af servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
No	164-10-2155	5 MRS MARY	E Mª CA	OLEY		
18. / 6 3 X I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(. 1	2 -	8- #		
(This does not mean the mode of dying,		versons of		0 224111 3		
heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.)						
ANTECEDENT CAUSES	(B)					
DISEASES OR CONDITIONS, if ony, gi				the state of the s		
rise to the obove couse (A) storing UNDERLYING CONDITION lost.	fhe (C)		**************************************			
ll ll						
OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
	OR WHICH OPERATION	20 A. AUTOPSY? (Yes ar N	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	, in ar about 21 C. WHERE DID affice bldg., INJURY OCCUR?	(If in Baltimo	ore City, give exact lacation)		
OF INJURY A PROOF	21E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
(APPROX.)	While At Work At Work			1-1		
22. I certify that (I) (this hospital) attend	ed the deceased from	Jel-	196 6 to U	1966.		
that (1) (we) last saw the deceased alive	an your 2	-1 19 66 and t	hat In (my) (our) as	pinion death occurred an the date		
and haur and from the causes stated obav	e. (I) We) (did) (did not)	view the bady after deoth.				
23A. SIGNATURE				23B. DATE SIGNED		
Enarch //	M.D. A	ttending Med. Director	Staff Phys.	april 25-66		
23C. PHYSICIAM'S NAME (Type) Char Zes	M. Kerrmo	23D. ADDRESS D. 6801 Be	Zair D.	21. Bs 2 to GMJ.		
24A. BURFAL CREMATION, 24B. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF C	REMATORY 24D.	LOCATION	City, tawn, or county) (State)		
BURIAL 4/25/66	PARKWOOD C	EM. P.	ARKVILLE.	MD.		
ADD DE 1000 A A C	7.0	1) 12 ==	04	R. C. BA		
VS 150-REV. 1/1/65	N. S. Man H. M.	JOSARka Jun	eray none.	1401 Danielli Kr.		



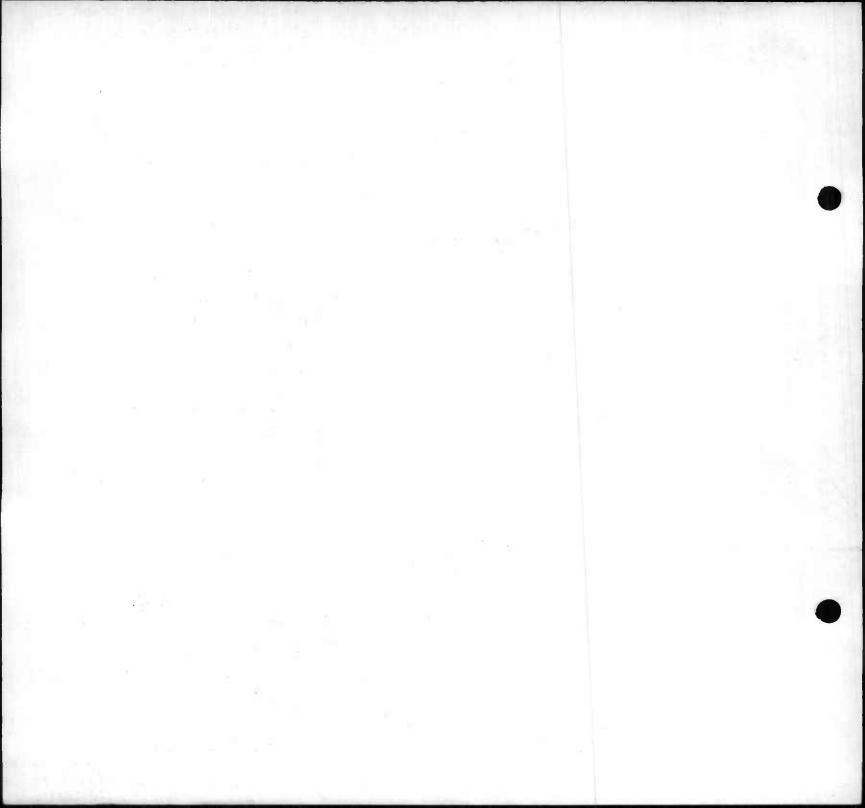
V\$ 150-REV. 1/1/65

			00 0	(1)()()	BALTIMORE CITY	HEALTH DEPARTMENT	\ 1	60 4000
		H NO.	66 04	1226	CERTIFICA	TE OF DEATH	Registered No	56 04222
	1, N	AME OF DECEA	CHARLES	ALBER	T WASKEY		AND HOUR OF DEAT	
		LACE OF DEATH	(If not in hospital		ive street	4. USUAL RESIDENCE (WA. STATE B. COI	here deceased lived. If UNITY	institution: residence before admission)
	H	HOSPITAL OR NSTITUTION	oddress or locotion	1)		BALTIMORE		e RURAL ond give township)
	0	ST.	. AGNES HO			4323 ALLA	(If rural, give location) N DRIVE	21229
is made.		MALE	WHITE	MARR		12-16-88	9. AGE (In years lost birthday) 77	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
			ATION (Give kind of work king lite, even if retired)		BUSINESS OF INDUSTRY O RAILROAD	MARYLAND	oreign country)	12. CITIZEN OF WHAT COUNTRY? U.S.A.
isposition		MORBINS NAME	MAURICE	E. WASK	EY	14. MOTHERS MAIDEN N		
final d	15. V (Yes	Was Deceased Ex s, no or unknown) (f	rer in U. S. Armed For f yes, give wor or dote	ces? s of service)	16. SOCIAL SECURITY NO. NONE	ST. AGNES HO	AND CATON	AVENUEDORESS
			- VI		CAUSE O		STITAL NE	INTERVAL BETWEEN
0		18. 523	20/20/19/20/1					ONSET AND DEATH
Pa			OR CONDITION DIS	RECTLY	Acil	TE RESPIRA	TODY FOR	CART
balmed			meon the mode of	dvina e.a.	DUE TO	16 16ED FIRE	TORY LING	S 0 + 1 + 1
B		heart foilure, as	thenio, etc. It meons	the disease,				
T P	injury or complication which caused death.) ANTECEDENT CAUSES (B) PULMON ARY T-BROSIS DUE TO							
em		AN	ITECEDENT CAUSES		DUE TO			
are			CONDITIONS, if obove couse (A)					
			CONDITION lost.	sioning inc	(0)	***************************************		
9			11		·····			
remains	O		CANT CONDITIONS C		XIV.	2 12 NI 12 L		
1	ATIO		TH BUT NOT RELA ENDITION CAUSING I		MYO	CAISDIA		
e the	ERTIFIC	0	PERATION 198, CON WAS PERI	ORMED	HICH OPERATION	20 A. AUTOPSY? (Yes or	No) 20B, IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
before	0	21 A. ACCIDENT OR CONTRIBUTION DEATH (notify m	WAS UNDERLYING OF CAUSE OF edicol exominer	21 B. home etc.)	PLACE OF INJURY(e.g., i , form, foctory, street, o	n or obout 21 C. WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltim	ore City, give exact location)
ained		21D. TIME (APPROX.)	Month) (Doy) (Year)		e At At Work		NJURY OCCUR?	
ē		22. I certify th	at (1) (this hospital		e deceased from A		66 to A	APRIL 20 1966
pe o		that (1) (we) la	st saw the decease	d allve on	APRIL 20	19 66 ond	that in (My) (aur) a	pinian death occurred on the dote
ıst		and hour ond to 23A. SIGNATURE		ed above.X(I)	(Me) (qiq) (qiq)(h)	riew the body after deat	h.	
must		23A. SIGNATORE	lelle	un	M.D. Att.	ending Med. S. Director	Stoff Phys.	238. DATE SIGNED
approval		23C. PHYSICIAN	a)			23D. ADDRESS	/\-	1 0
pr			M. AMRH	EIN	M.D.			
	24A	REMOVAL (Spe	ATION, 248. DATE	24C. NA	ME of CEMETERY OF CR	EMATORY 24D.	LOCATION	City, town as county) (State)
written		BURIAL	4-23-6	6 MEAI	OOWRIDGE CEME	TERY	BALTIMORE, M	ARYLAND
=	25A	APR 26		25B. NAME O		25C. PUNERAL DIRECT		ADOMSY X
>	VS	150-REV. 1/1/65	1966 1200	5 2 Ja	Deg FUN	TUBBARO	LUNGUAL,	HOME KATY

271-173 July 170 and the fact of the state of th TO MANUFACTURE OF THE TRANSPORT named for the control of the control

r Victoria de

BIETH NO. M.E. CASE	
1. PLACE OF DECEASED (Type or Pinn) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 5. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) MONTOBELL OR (III not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) MONTOBELL OR (III not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) MONTOBELL OR (III not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) MONTOBELL OR (III not in hospital or institution, give sheet oddress of locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) FULL NAME OF (III not in hospital or institution, give sheet oddress or locotion) D. STREET ADDRESS (III rurol, give locotion) FULL NAME OF (III not in hospital or institution, give township) D. STREET ADDRESS (III rurol, give locotion) FULL NAME OF (III not in hospital or institution, give township) D. STREET ADDRESS (III rurol, give locotion) FULL NAME OF (III not in hospital or institution, give township) FULL NAME OF (III not in hospital or institution, give township) D. STREET ADDRESS (III rurol, give locotion) FULL NAME OF (III not institution, give locotion) FULL NAME OF (III not institution, give sheet of the property of locotion) FULL NAME OF (III not institution, give locotion) FULL NAME OF (III not institution, give sheet of the property of locotion) FULL NAME OF (III not institution, give sheet of the property of locotion) FULL NAME OF (III not institution, give sheet of the property of locotion) FULL NAME OF (III seeds of locotion) FULL NAME OF (III seeds of locotion)	
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (II not in hospitol or institution, give sheet HOSPITAL OR oddress or locohon) FULL NAME OF (III not in hospitol or institution, give sheet HOSPITAL OR oddress or locohon) Montebello State Tospital D. STREET ADDRESS (III rurol, give locohon) S. SEX (III rurol, give locohon) JOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, William (Give Add of Work 108, Months) TOA (GIVE OF TOA (Give Add of Work 108, Months) TOA (GIVE OF TOA (GIVE ADA (GIVE A	6
FULL NAME OF HOSPITAL OR INSTITUTION Montebello State fuspital S. SEX O. RACE 7. MARRIED, NEVER MARRIED WIDOWED DIVORCED Specify Montebello State fuspital D. STREET ADDRESS Iff unol, give locotion) 206 W. ARUNDAL Pland Ponds Formula fuspital India graph of the fuspital D. STREET ADDRESS Iff unol, give locotion) 206 W. ARUNDAL Pland Formula fuspital Formula fuspital Formula fuspital Formula fuspital Thomas Shelton Disease or Condition Directly LEADING TO DEATH (This does not mean the made of dying, e.g., heart follow), etc. If means feed disease, injury or complication which couses death.) ANTECEDENT CAUSES DISEASE OR CONDITIONS, if any, giving rise to the observed couse (A) stolling the UNDERLYING CONDITION last. III. CONSTRICTION III. CONSTRICTION CONTROLLING AUGUST OF DEATH (C) III. CONSTRICTION (C) III. CONTROLLING CO	mission)
INSTITUTION Montebello State Hospital D. STREET ADDRESS (II rurol, give location) 200 W. Apundal Read S. SEX 6. RACE P. MARRIED, NEVER-MARRIED WIDOWED (DIVORCED) (specify) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 11B, FATHERS NAME 12C WAS Deceased Ever in U. S. Armed Forces? 13F, FATHERS NAME 14. MOTHERS MAIDEN NAME 15S, Wos Deceased Ever in U. S. Armed Forces? 15C Was Deceased Ever	
5. SEX 6. RACE 7. MARRIED, NEXER MARRIED WIDOWED DIVORCED Specify) 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Wos Deceased Ever in U. S. Armed Forces? 15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL SECURITY NO. ON KNOWN 18. CAUSE OF DEATH ODISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon lihe made of dying, e.g., heart foilure, osthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the UNDERLYING CONDITION lost. 10. 11. 12. CITIZEN OF WHAT COUNTRY? CAUSE OF DEATH ON KIND WHAT COUNTRY? CAUSE OF DEATH ON CAUSE OF DEATH ONE TO TRY THE WAS ARRIED WITH A COUNTRY? ON CAUSE OF DEATH ONE TO TRY THE WAS ARRIED OF SIRTH ON COUNTRY? COUNTRY? CAUSE OF DEATH ONE TO TRY THE WAS ARRIED OF SIRTH ON COUNTRY? ON COUN	
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? 13, FATHERS NAME 14, MOTHERS MAIDEN NAME 15, Was Deceased Ever in U. S. Armed Forces? 16, SOCIAL SECURITY NO. ON KNOWN 11 yes, give wor or dotes of service) 18.	
done during most of working life, even if retired) TANCE DEVICE 13. FATHERS NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (Iff yes, give wor or doles of service) 16. SOCIAL SECURITY NO. ON LINOWN 18. 19. OLSEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heard failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last. 14. MOTHERS MAIDEN NAME DISEASE OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	24 Hrs. Min.
13. FATHERS NAME THO MUS Shelton 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or doles of service) IB. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last. 14. MOTHER'S MAIDEN NAME DESSIE OCCIONS 17. INFORMANT FOR DEATH ONSET AND DEATH (A) Squameus Cell candimuma of 3 years— DUE TO tangle and Regult pulate (B) Cluse unknown— DUE TO DUE TO UNDERLYING CONDITION last.	
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) On Crown 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last.	
Continued Cont	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last. CAUSE OF DEATH (A) Squamous cell causimoma of 3 years— (B) Cluse unknown— (B) Cluse unknown— (C) (C) (C)	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obave couse (A) stating the UNDERLYING CONDITION last. (A) Squamous eall canalization of 3 spaces. DUE TO tongue and Regular palate (B) Chise unknown of 3 spaces. OUE TO tongue and Regular palate (C) UNDERLYING CONDITION last.	
injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	
injury or camplication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	***********
DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION last.	
rise to the obave couse (A) stating the UNDERLYING CONDITION last.	
UNDERLYING CONDITION last,	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	•••••
To the DEATH BUT NOT RELATED TO THE Acute chonneal claim of strmash months	
198. CONDITION FOR WHICH OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?	
U 21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID (It in Boltimore City, give exoct locotion) OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) 21 B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID INJURY OCCUR?	
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
While At Not While Work A Work	
22. 1 certify that (1) (this haspital) attended the deceased from July 26 1966 to April 24 196	6
that (1) (we) last saw the deceased alive an GPN/124 1966 and that in (my) (aur) apinian death accurred an t	he date
and haur and from the causes stated abave. (1) (We) (did) (did not) view the body after death.	
23A. SIGNATURE CLEAR TELLIFICATION Director Director Phys. 23B. DATE SIGNED (23B. DATE SIGNED CAPTER STORE)	1966
23C. PHYSICIAN'S NAME (Type) Ce San J. Pellerano M.D. Montebello Hospital-	
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county)	(Stote)
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS	A
APR 26 1966 Robert E. Falley M. John J. Cowans Son Inc Stolling	4



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.A. or a charter force. IMPORTANT FUNERAL DIRECTOR:

.

BIRTH NO.	66 0422		ATE OF DEATH Registe	red No. 66 114224			
M.E. CASE NO.		CERTIFICA					
1. NAME OF DECEASED	1	1 41 45 1	2. DATE AND HOUR OF				
2 BLACE OF DEATH II	IEDMAN BALTIMORE, MARYLAND	ANNIA	APRIL	22/966 3:30/			
S. PLACE OF DEATH II	SALIMORE MARILANE		APRIL 22/966 3:30A. 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission and the state of				
FULL NAME OF	(If not in hospital or instit	ution, give street	C. CITY OR TOWN (If outside city limit	1301/2			
HOSPITAL OR	oddress or location1						
4			BACTITORE 53-00 D. STREET ADDRESS (If rurol, give locotion)				
SINAI HO.	SPITAL OF	BALTIMORE					
			8206 CRANGE	eois II Under 1 Yi. If Under 2			
1	WIE WIE	RRIED, NEVER MARRIED	lost birthdoyl	Months Doys Hours			
FERALE	CAUC.	ARRICE NO OF BUSINESS OR INDUSTR	16/29/1885 86				
done during most of working		ND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?			
HOUSEWI	FE	AT HOME	NEW YORK, NEW YORK	USA			
13. FATHER'S NAME		· · · · · · · · · · · · · · · · · · ·	14. MOTHER'S MAIDEN NAME				
PH1 L	IP DORF		MINNIE ?				
15. Was Deceased Ever	in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS			
NO	es, give wor or dotes of se	SECURITY NO.	MP CAMIEL TOTEDUM	600/ 004/4/220 22			
18.44 43	V.	CAUSE	MR. SAMUEL FRIEDMAN	SZUG CKANWOOD COURT			
	CONDITION DIRECTLY	CAUSE	OI DEATH	ONSET AND DEAT			
	ING TO DEATH		EDEROPI THOMA	SIS 8 PAY			
	eon the mode of dying,		EREBRAC THROTTE	- Andrew State of the state of			
	nia, etc. II meons the dis ion which caused death.)	seose,	1000110				
ANTE	CEDENT CAUSES	(B)	ASCVD	UNENOO			
DISEASES OR C	ONDITIONS, if any,						
rise to the ob	ove couse (A) slaling	1he (C)		***************************************			
	II IT CONDITIONS CONTRIE						
DISEASE OR CONT	BUT NOT RELATED TO	O THE					
19A. DATE OF OPER	ATION 198. CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES	WERE FINDINGS CONSIDERED			
ER C			1=3				
OR CONTRIBUTING	CAUSE OF	home, lorm, foctory, street,	office bldg., INJURY OCCUR?	Boltimore City, give exact location			
DEATH (notily medi	col exomined	etc.)					
OF INJURY	th) (Doy) (Year) (Hour		21 F. HOW DID INJURY OCCUR	?			
(APPROX.)		While At Not Wh					
22. I cartify that	(I) (this hospital) otten		APRIC 15, # 19 66 10	APRIS 22 10 6			
	sow the deceased alive		22 (6				
111101 (1) (40) 1021			ond that in (my) (our) opinion deoth occurred on th			
		ve. (I) (me) (did) (did not)	view the body ofter deoth.				
and hour and from	the couses stated abo			DATE SIGNED			
	the couses stoted obc		ttending Med. Stoff	238, DATE SIGNED			
ond hour and from 23A. SIGNATURE	Tulleur	M.D. A	ttending Med. Stoff Phys.	238, DATE SIGNED			
and hour and from	Tallen.	M.D. A	23D. ADDRESS	238, DATE SIGNED			
ond hour ond from 23A. SIGNATURE Feele, 23C. PHYSICIAN'S	Treller HERBERT FELLE	M.D. A.Ph	23D. ADDRESS SINAI HOSPITAL	238. DATE SIGNED			
23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type)	HERBERT FELLE	RMAN M.D.	23D. ADDRESS SINAI HOSPITAL	April 22, 16			
23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type)	HERBERT FELLE	M.D. A	23D. ADDRESS SINAI HOSPITAL POSATOR CLARENDRE LOCATION	(City, town, or county) (S			
23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify MOVAL EURIAL	HERBERT FELLE ON, 248. DATE 4/24/66 EALTH DEPT. 258. N.	RMAN M.D. A.P. M.D. A.P. M.D. A.P. M.D. A.P. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M	23D. ADDRESS SINAI HOSPITAL STATE CLAREMORE LOCATION CLUB, INC.) CEDAR	(City, town, or county) (SPARK, NEW JERSEY			
23A. SIGNATURE 23A. SIGNATURE 23C. PHYSICIAM'S NAME (Type) 24A. BURIAL CREMATIC REMOVAL (Specify MOVAL EDURIAL	HERBERT FELLE ON, 24B, DATE 4/24/66	RMAN M.D.	23D. ADDRESS SINAI HOSPITAL POSATOR CLARENDRE LOCATION	(City, town, or county) (SPARK, NEW JERSEY			
ond hour ond from 23A. SIGNATURE 23C. PHYSICIAN'S NAME ITYPE) 24A. BURIAL CREMATIC REMOVAL (Specify MOVAL BURIAL	HERBERT FELLE ON, 248. DATE 4/24/66 EALTH DEPT. 258. N.	RMAN M.D. A.P. M.D. A.P. M.D. A.P. M.D. A.P. M.D. M.D. M.D. M.D. M.D. M.D. M.D. M	23D. ADDRESS SINAI HOSPITAL STATE CLAREMORE LOCATION CLUB, INC.) CEDAR	(City, town, or county) PARK, NEW JERSEY			

THE PERSON NAMED IN STREET

This certificate must be approved by the chief medical examiner

the body was released to the hospital by a

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

Also,

medical examiner.

if the direct or contributing cause of death

or his assistant if death

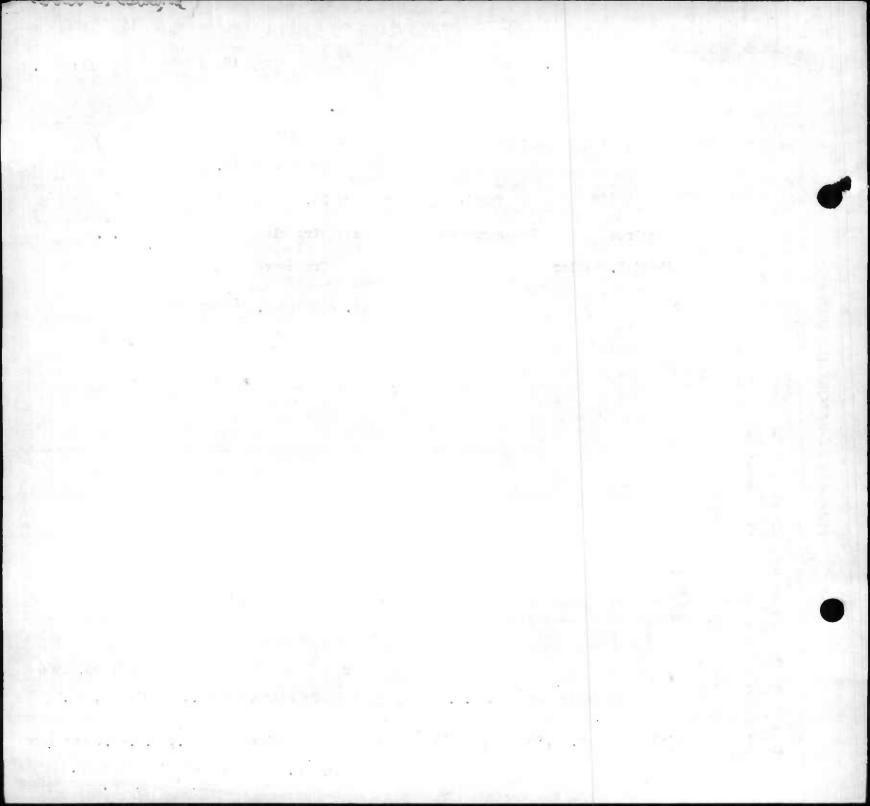
a hospital and

		TH Registered	MOG	(1A')
RTIFICATE	OF DEA	TH Registered	No. ()	1111

	e or Print)	ROBERT C.	TAYLOR		1 19, 1966	11:45
3. P	PLACE OF DEA	TH IN BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceosed lived. If in	nstitution: residence before o
- 1	FULL NAME OHOSPITAL OR	F (If not in hospital address ar location	or institution, give street	C. CITY OR TOWN (If outs	ide city limits, write	RURAL ond give township)
13	South	Baltimore Ho	ospital	D. STREET ADDRESS (If no	urol, give location)	
S. S	Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH 9	AGE (In years ost birthday)	If Under 1 Yr. If Under Months Doys Hours
10A	USUAL OCCU		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole ar foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
don		ired	Longshoreman	West Virginia		U.S.
13.	FATHER'S NAA	A E		14. MOTHER'S MAIDEN NAM	\E	
	Alber	t C. Taylor		Ora Hypes		
1S. Yes	Wos Deceosed s, no or unknown No	Ever in U. S. Armed Fo	rces? es of service) 1 6. SOCIAL SECURITY NO.	Mrs. Luthera F.	Taylor (s	ADDRESS
	heoil failure, injuiy at cam	plication which coused	death,)	vterros chros	elsobe CV	D 10 Gear
NOI	DISEASES Orise to the UNDERLYING		ony, giving sloting like (C)	onny Oce rterioschros	elsoki CV	D 10 gea
RTIFICATION	DISEASES OF THE STATE OF THE STATE OF THE DOTTER OTTER	plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.	ony, giving sloting lhe (C)	20A. AUTOPSY? (Yes or No)		
X	DISEASES OF THE STATE OF THE STATE OF THE DISEASE O	plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last.	ONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE IN CERTIFYING CA	
ICAL CERTIFICA	DISEASES OF THE STATE OF THE STATE OF THE DISEASE O	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if or above cause (A) OF CONDITION last. II FICANT CONDITIONS (EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER AT WAS UNDERLYING TIME CAUSE OF	ONTRIBUTING ATED TO THE IT. DITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., indeed, or other contents)	20 A. AUTOPSY? (Yes or No) in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID INJU	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimore	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exact location)
MEDICAL CERTIFICA	DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if a above cause (A) CONDITION last. FICANT CONDITIONS EATH BUT NOT REL CONDITION CAUSING OPERATION 198. CON WAS PER ATT WAS UNDERLYING TIME CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hopping	ONTRIBUTING ATED TO THE IT. 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work 1) attended the deceased from	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID ffice bidg., INJURY OCCUR? 21F. HOW DID INJU	208. IF YES, WERE IN CERTIFYING CA (If in Boltimore)	FINDINGS CONSIDERED
MEDICAL CERTIFICA	DISEASES OF THE DISEASE OF THE DISEASE OR TO THE DEATH (notify (APPROX.)) 21. D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and the disease or the disease of the	ANTECEDENT CAUSES ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITIONS (EATH BUT NOT REL. CONDITION CAUSING OPERATION 198. CONWAS PER AT WAS UNDERLYING TIMG CAUSE OF medical examines) (Month) (Day) (Year) that (1) (this hospital last saw the deceases of the causes say	Only, giving sloting like (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, of etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work At Work I) attended the deceased from the ed alive an attended the deceased from the ed alive and the ed alive attended the deceased from the ed alive attended the edge a	20 A. AUTOPSY? (Yes or No) in or obout 21 C. WHERE DID iffice bidg., INJURY OCCUR? 21 F. HOW DID INJU 22 F. HOW DID INJU 24 F. How DID inju 25 F. How Did inju 26 F. How Did inju 27 F. How Did inju 28 F. How Did inju 29 F. How Did inju 20 F. How Did inju 20 F. How Did inju 21 F. How Did inju 22 F. How Did inju 23 F. How Did inju 24 F. How Did inju 25 F. How Did inju 26 F. How Did inju 27 F. How Did inju 28 F. How Did inju 29 F. How Did inju 20 F. How Did inju 21 F. How Did inju 22 F. How Did inju 23 F. How Did inju 24 F. How Did inju 25 F. How Did inju 26 F. How Did inju 27 F. How Did inju 28 F. How Did inju 29 F. How Did inju 20	208. IF YES, WERE IN CERTIFYING CA (If in Boltimore)	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exact locohon)
MEDICAL CERTIFICA	DISEASES OF THE DISEASE OF THE DISEA	Plication which coused ANTECEDENT CAUSES OR CONDITIONS, if above cause (A) CONDITION last. FICANT CONDITION SEATH BUT NOT RELECTION CAUSING OPERATION 198. CONDITION CAUSING CONDITION CAUSING TWAS PER CAUSE OF medical examiner) (Month) (Doy) (Year) that (1) (this hospital last saw the decease of the causes stated to the cause s	Only, giving sloting the (C) CONTRIBUTING ATED TO THE IT. IDITION FOR WHICH OPERATION FORMED 21B. PLACE OF INJURY (e.g., home, lorm, foctory, street, o etc., lower of the	20A. AUTOPSY? (Yes or No) in or obout 21C. WHERE DID iffice bldg., INJURY OCCUR? 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU 21F. HOW DID INJU A Med. Director 23D. ADDRESS	20B. IF YES, WERE IN CERTIFYING CA (If in Boltimon IRY OCCUR? 1 In (my) (our) apl	FINDINGS CONSIDERED LUSES OF DEATH? e City, give exact location) Inlan death accurred an 238. DATE SIGNED

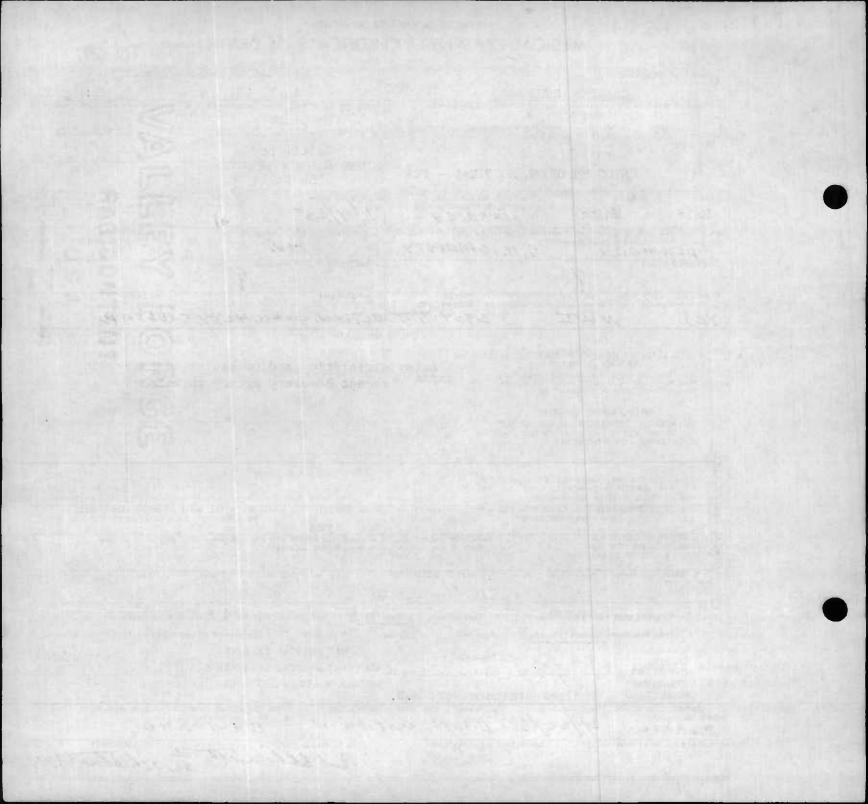
George J. Gonce - 4001 Ritchie Hgwy. Baltimore, Mi.

VS 150-REV. 1/1/65



66	; 114226	BALTIMORE CITY HEA				
BIRTH NO.	MEDI	ICAL EXAMINER'S	CERTIFICAT	E OF	DEATH Registe	red No.
M.E. CASE NO.						(1) TYCE
1. NAME OF DE	CEASED			2. DATE AN	ID HOUR PRONOUNC	ED DEAD
(Type or Time	CHARLES CH	ALK		April	22, 1966	12:00
3. PLACE IN BAL FULL NAME OF HOSPITAL OR INSTITUTION	TIMORE, MARYLAND, W (IF NOT IN HOSPIT, ADDRESS OR LOCA UNION MEMOR	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odr A. STATE Maryland C. CITY OR TOWN (If outside carparate limits, write RURAL and give township Baltimore D. STREET ADDRESS (If rurol, give locotion) 4254 Falls Rd.				
5. SEX Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH	5	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Months, Days, Hours
done during most of	WPATION (Give kind of work working life, even if retired)	G. H. HARDESTY	RY I 1. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM	7		14. MOTHER'S MA	AIDEN NAM	2	

					11				
5. SI	Male	6. RACE White	WIDO WED,	NEVER MARRIED DIVORCED(specify) RRIED	8. DATE OF BI	RTH 2-5	9. AGE (In years last birthday)	If Unde Manths	r 1 Yr. If Under 24 Hr. Days Haurs Min.
done	PLUA	working life, even if retired) ロルルスス		F BUSINESS OR INDUSTR		MOI		12. CITIZ WHA	EN OF AT COUNTRY?
	ATHER'S NAM	?			14. MOTHER'S	MAIDEN NAME	?		
		ed EVER IN U.S. ARMED		16. SO CIAL SECURITY NO. 219-14-7575	BETTY A		4254 FA	ADDRES!	
1	18.	0.11		CAUSE	OF DEATH	METE			INTERVAL BETWEEN
	(This does	SE OR CONDITION DI LEADING TO DEATH not mean the mode of t, asthenia, etc. It means mplication which caused	dying e.g., the disease.	allow to the division		***************************************	ovascular di artery throm		
7	DISEASES RISE TO TH	ANTECENDENT CAUSE OR CONDITIONS, IF A HE ABOVE CAUSE (A) S' NG CONDITION LAST.	NY, GIVING	(B) DUE TO					
CERTIFICATION	TO THE	DEATH BUT NOT REI OR CONDITION CAUSING F OPERATION 198, CON WAS PER	ATED TO	THE			208, IF YES, WERE FII		
OI	UNDERLYING	CAUSE WAS OR CONTRIB-	21 B, home	PLACE OF INJURY (e.g., e, farm, foctory, street,	in ar about 21C.	WHERE DID (yes If in Boltimore City, gi	ve exoct le	acotion)
Σ	21D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year	,	WHILE AT NOT WORK	WHILE	HOW DID INJU	RY OCCUR?		
		tlfy that I held on I		Inspection Au	opsy X	and that an thi	s bosis, death In m	ny opinio	n
	ACTUA SIGNAT		The Co	Accident Suicid	CHIEF	MEDICAL EX		er 📗	DATE SIGNED
	EXAMINAME (VER'S	r Breit	enecker, M.D.		MEDICAL EX			4-23-66
REM	BURIAL CRE OVAL (Specif	y) 1/2	166 23	BALTO, MA			CATION (City,	town, or	county) (Stote)
24A.	APR	2 6 1966 P	24B NAME	OE REGISTRAR	Barrel 24C. FUNI	ERAL DIRECTOR	well 361	reli	ADDRESS WALLES



VS 150-REV. 1/1/65

1	BALTIMORE CITY	HEALTH DEPARTMENT
4	BIRTH NO. M.E. CASE NO. GERTIFICA	TE OF DEATH Registered No.
Suc	T, NAME OF DECEASED (Type or Print) EDUTADD A VEIL	2. DATE AND HOUR OF DEATH
4	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Vyhore deceosed lived, II institution; residence before odmission)
eat		A. STATI B. COUNTY
Ро	FULL NAME OF (If not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAK and give lownship)
	Baltimore City Hospitals 4940 Eastern Avenue	Chase 63-00
prior	Baltimore, Maryland 21224	D. STREET ADDRESS (If rurol, give locotion)
0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Undor 24 Hrs. Months; Doys Hours; Min.
eased is ma	/Vale Widowed	7 1890 7 76
dece	10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY done during most of working lile, even if retired)	WHAT COUNTRY?
	13. FATHER'S NAME	New Jersey U. S. A.
the	Kelly	I to
on di	15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
attendance med or final	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	RECORDS:BCH 4940 Eastern Avenue 21224
dar or f	18. 5 70.21, CAUSE O	
ten	DISEASE OR CONDITION DIRECTLY	REALD SHUTDAN I don
00000	(This does not moon the mode of dying, e.g., OUE TD	MENAC STUTIONS TOWN
lar	hearl failure, asthenia, etc. II meons the disease, injury or complication which caused deoth.)	DEDITONITIS 7 dans
regul e em	ANTECEDENT CAUSES (8)	TERITORICES ICAN
- 8	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the	WEL INFARCTION Stay
as ir	UNDERLYING CONDITION Iosi.	
3 E	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	Discallanta Hout disease - Chroni.
0		20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
	198. CONDITION FOR WHICH OFRATION WAS PERFORMED BOWEL THE	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	OR CONTRIBUTION CAUSE OF	or obout 21C. WHERE DID (If in Baltimore City, give exact location)
No	DEATH (notify medical examiner)	
d (6) ained	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
nd	(APPRDX) Work At Work	170 A 26 A 26 A 26
; an	22. certify that (I (this hospital) attended the deceased from	
4 9	ond hour and from the cares stated obave (1) (He) (did) (Hid not)	19 ond that (m) (our) opinion death occurred on the date
death) must be	23A. SIGNATURE	23R DATE/SIGNED
	1) aurs, T. Hurveling And	ending Med. Stoff Phys.
ior	23C. PHYSIZIAN'S NAME (Type)	23D. ADDRESS 4940 Eastern Avenue 21224
deceased prior to written approval	24A. BURIAL CREMATION, 124B. DATE 24C. NAME of CEMETERY OF CRE	BALTIMORE UTY HOSPITALS
ISed	REMOVAL (Specily) 4-26-66 & 1 Ideal	
ced	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
de Wr	APR 26 1966 Robert E. tarkey Mile	Walter Tobrouski 1005 Tundelfo

Chusica -Chare P.C. AL 2 0681 1 PERITONITIS BOWEL INFARECTI arterio planta Wand al DAVID F. FAIRBANKS BAUTIMERE CITY HOSPILLE

FUNERAL DIRECTOR: IMPORTANT	_
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	5 PL
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	th a
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	pe
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	he
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	ch Ch
written approval must be obtained before the remains are embalmed or final disposition is made.	

BI RT	TH NO.	66 04	228		TE OF DEA	N 1	04228
M.E	CASE NO.			CERTITICA			(/1446)
Typ	AME OF DEC	Albert Wi	nelan Ma	unsfield	2. D.	April 25, 1966	2: 44 A
3. 1	LACE OF DE	ATH IN BALTIMORE, MA	RYLAND			E (Where deceased lived, II inst	itution: residence before admission)
- 1	FULL NAME OF HOSPITAL OR NSTITUTION	OF (If not in hospital oddress or locatio		give street	C. CITY OR TOWN	New Jersey (If outside city limits, write RU	IRAL and give township)
1		ic Health Ser	vice Ho	spital		Atlantic City	
Ö	Wyman P	k. Drive & 31	Lst St.		D. STREET ADDRESS	(If rurol, give locotion) 210 Pitney A we	•
5. S	ex M	6. RACE	WIDOWE	NEVER MARRIED D, DIVORCED (specify)	3.6/36	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
	e during most of	working life, even if retired)	10B KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13	FATHER'S NA	nter			14. MOTHER'S MAID	also the second	USA
3.		n Mansfield				e Johnson	
5.	Wos Deceosed	Ever in U. S. Armed For	rces?	16. SOCIAL	17. INFORMANT		ADDRESS
10:	Yes		4-1956	154-24-2571	Records-	US PHS Hospital,	Balto, Md.
	1B. P	I SE OR CONDITION DI	DECTIV	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
		LEADING TO DEATH		(A)	lmonary insu	Hours	
	heart failure, injury ar can	nat mean the mode af asthenia, etc. It means nplication which caused	the disease, death.)		assive left	pleural effusion	Days
	DISEASES (ANTECEDENT CAUSES OR CONDITIONS, if e abave cause (A)	any, giving	DUE TO &	right pulmo odgkin's dis		Months
		G CONDITION last.	siding ine	(())	,		
ATION	TO THE D	FICANT CONDITIONS C	ATED TO TH		33.5		
ERTIFICA		OPERATION CAUSING OPERATION 198 CON WAS PER	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Ye	IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
CAL CE	OR CONTRIBL	NT WAS UNDERLYING DATE OF medical examiner		PLACE OF INJURY (e.g., in ne, form, foctory, street, of	or obout 21 C. WHERE fice bldg., INJURY OC	DID (If in Boltimore CUR?	City, give exact location)
_	21D. TIME OF INJURY	(Month) (Day) (Yeat)	Wh	. INJURY OCCURRED	e	DID INJURY OCCUR?	
			Wo			66 100	25 66
		that (V) (this hospital		he deceased fram! Apr. 25	Mar. 24 19 66	and that in (my) (aur) apini	on death accurred an the dat
	and haur an	d fram the causes sta	ted above.	(// (We) (did) (did/ // (did/			
	23A. SIGNATU						23 B. DATE SIGNED
		James MI	viewe			Stoff Phy s.	4/25/66
	23C.PHYSICIA NAME (T James		Medical		US PHS H	ospital, Balto, 1	Md
24A	BURIAL CRE	MATION. 24B. DATE		AME of CEMETERY OF CRE			, town, or county) (State)
1	REMOVAL (т	Annal			
		4-30-66 BY HEALTH DEPT.	258. NAME:0	incoln Memori	25C. FUNERAL DI	Mays Landing, N	ADDRESS
	APR	26-1966 R.C.	BE.3	OF REGISTRAS		Funeral Home -	
vs	150-REV. 1/1/	65	-		71 -1	At	lantic City. N.J.

ard 19 OES

30 Aug Independ

nounce of the

and the first of the state of

VIII WAR THE TANK IN

limenter left pleuren effort A right paleonory econo

Tel word

A Landau

Such

	();	114223	BALTIMORE CITY	HEALTH DEPARTMENT		00 ::A224			
BIRTH NO.	. 60	114667	CERTIFICA	TE OF DEATH	Registered Na	66 04229			
M.E. CAS	E NO. OF DECEASED			In DATE	AND HOUR OF DEAT				
(Type or P	mok Mok	RIS	SOPHEI	e AF	RIL 22,19				
3. PLACE	OF DEATH IN BALTIMORE,	MARYLAND		4. USUAL RESIDENCE	Where deceased lived. If	institution: residence before admission			
FULL N HOSPIT INSTITU	AL OR address or lac	oital or institution,	give street		f outside city limits, write	RURAL ond give township)			
1	1		PROL	BALTIMORE					
4	Smail t	Mean	1 / Salt	3912 W NO	RTHERN PARKWA	\y			
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hi Months: Doys Hours Min.			
MAL			RIED (specify)	4/27/1911	lost birthday)				
	AL OCCUPATION (Give kind of g most of working life, even if retir		BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?			
	SALESMAN		IRETTES	BALTIMOR	E, MARYLAND	USA			
3. FATHE	PS NAME			14. MOTHER'S MAIDEN	NAME				
	JOSEPH SOPHE	R		FANNIE B	ERKOWITZ				
5. Was D Yes, no or	Deceosed Ever in U. S. Armed unknown) (If yes, give wor or	dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
NO			212-10-0935	MRS. ROSALIE	SOPHER 3912	W NORTHERN PKWY			
18.	2011		CAUSE O	F DEATH		INTERVAL BETWEEN			
	DISEASE OR CONDITION DIRECTLY								
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO DUE TO								
	aı complication which cau		22	SLVD					
	ANTECEDENT CAU	JSES	(B) PUE TO	40.0	a nonanon nonscess consecuent sens sono sono				
	ASES OR CONDITIONS,								
	to the abave cause ERLYING CONDITION last.		(C)						
≥ TO	ER SIGNIFICANT CONDITION THE DEATH BUT NOT ASE OR CONDITION CAUSIF	RELATED TO TH							
	ATE OF OPERATION 198.		WHICH OPERATION	20 A. AUTOPSY? (Yes o	No. 208. IF YES, WERI	E FINDINGS CONSIDERED AUSES OF DEATH?			
OR C	ACCIDENT WAS UNDERLYIN ONTRIBUTING CAUSE OF H (notify medical examine)		ne, form, factory, street, a	n or about 21C. WHERE Di	D (If in Baltime	ore City, give exoct lacotion)			
21 D. 1		ear) (Haur) 21 E	. INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?				
(APPR	(APPROX.) While At Not While At Work At Work								
22. 1									
thot (22. I certify that withis hospital) attended the deceased from the last 1 19 6 to April 1 19 6								
	ond hour and from the couses stoted obove. (We) (did) (view the body ofter death.								
	IGNATURE	100		1110 0007 01101 000		238. DATE SIGNED			
B	en in . W	11/2	M.D. Att	ending Med.	Stoff Physics	Anil 22 190			
23C.P	HYSICIAN'S	- mysu	Phy	23D. ADDRESS	Phys.	11 1 2 7/10			
1	AME (Type)	. 61.	M.D.	SINAI HOSP	ITAL				
24A. BURI	Peujauia /		AME of CEMETERY OF CR			City town or county (%)			
REM	OVAL (Specify)					City, town, or county) (State)			
150	URIAL 4/24/	oo CH	IZUK AMUNO (A1	CLINGIUNI	BALTIMORE,	MAKY LAND			

25 SOL LEVINSON

& BROS. INC. 6010 REPSTERSTOWN RD

APR 26 1966 Relieb E. Farling

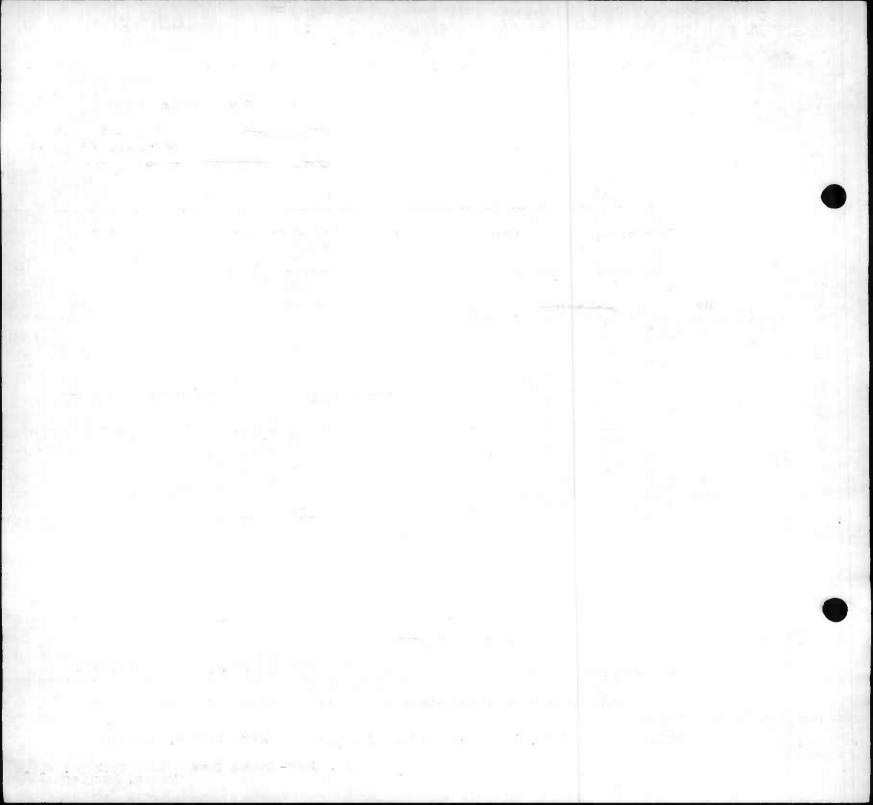
VS 150-REV. 1/1/65

1101110 Committee of Manager

IMPORTANT FUNERAL DIRECTOR:

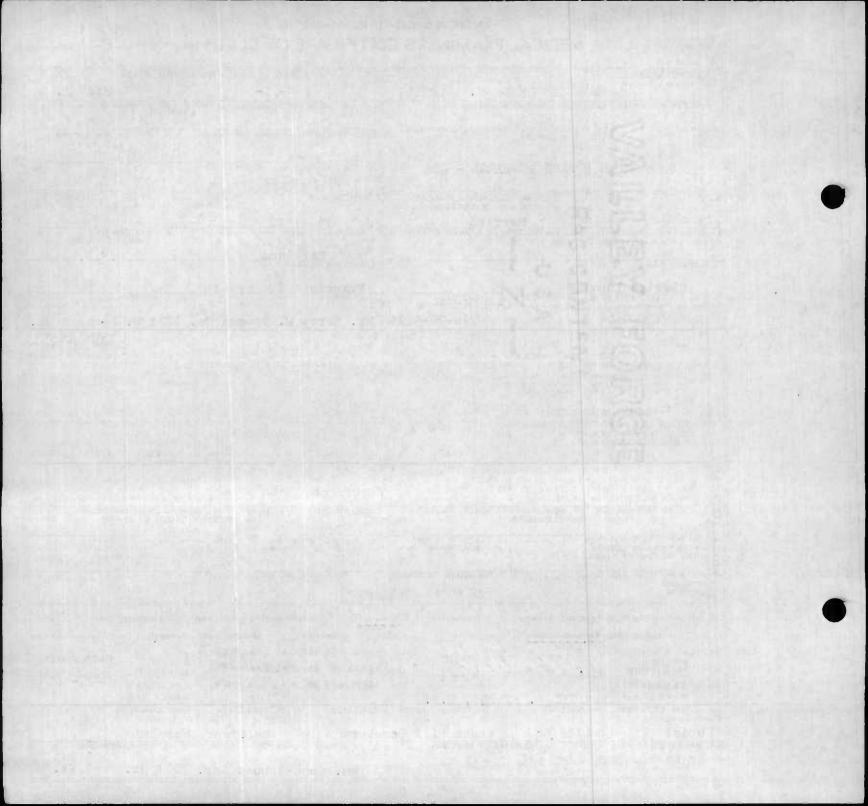
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death' shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such was in regular attendance on the deceased prior to death. Such was in regular attendance or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

		00 A	020	BALTIMORE CITY	HEALTH DEPARTMENT	11 0	
BIRTH NO	0.	66 114	230	CERTIFICA	TE OF DEATH	Registered No.	5 (1423()
M.E. CA	SE NO.	FASED			2 DATE	AND HOUR OF DEATH	
Туре ог	Print) 4 4			Maker in t		-21-66	9'm 1.
3. PLACI		ICTOR SHANI		UMRTIN			nstitution: residence before edmission)
					A. STATE B. CC	YTAUC	
FULL	NAME O			give street	MARYLAND	BALTIMOR	RURAL ond give township)
INSTIT	TAL OR	oddress or location	1				
	210				10-20-10-21	SOCKE C	
8	CIN.	IVERSITY HOS	PITHL		D. STREET ADDRESS	(If rurol, give location)	8C WARREN LODGE COURT
- SEX		6. RACE		NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
N	1	W		D. DIVORCED (specify) ARKI ED	7-20-10	last birthdoys	Months Doys Hours Min.
			108. KIND OF	BUSINESS OR INDUSTRY	11, BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
one durin	-	vorking life, even if retired)	REII	TELEPHONE	PENNSYA	CANIB	USA
3 EATH	ERS NAM	INEER	70000	,	14. MOTHER'S MAIDEN		00077
			4		/ +		
	KE	GINALD MAR	TIN		LYDIA	DE VORE	
5. Wos	Deceased	Ever in U. S. Armed Fore	s of sorvice)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
no		CANAL CONTRACTOR		215-10-4130	PATIENT	TWIFE	SAME
1B.	5 ,	1 11		CAUSE O			INTERVAL BETWEEN
1	00	E OR CONDITION DIR					ONSET AND DEATH
rise UN1	IO INC	R CONDITIONS, if above cause (A) CONDITION last.	stating the		YOTROPHIC LA	TERAL SCLEROS	is 12 years
AT DISI	THE D	FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO TH				
ERTIFIC 184	DATE OF	OPERATION 198. CON		WHICH OPERATION	20A. AUTOPSY? (Yes of	No.) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR (CONTRIBU	TING CAUSE OF medical examiner	21B hom otc.	PLACE OF INJURY (e.g., in ne, form, foctory, street, of	or obout 21 C. WHERE DI	(II in Boltimor	e City, give exact locotion)
D 21 D.	TIME	(Month) (Doy) (Your)	(Hour) 21E	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
>	NJURY ROX.)			ile At Not Whil			
APP	RUA!		Wo	rk At Work			
22. I certify that (this hospital) attended the deceased from 3-31 19 66 to							1 - 21 1966
that (\$ (we) last saw the deceased alive on 4-21- 1966 and that in (we) (our) opinion death							
				#) (We) (did) (did no t) v			
	SIGNATU		-3 -5-01-01 (-	, , , (a.a.) (are not) v	1110 0007 01101 000		23B, DATE SIGNED
				M.D. Atte	onding Med.	Stoff [1/2/11
		Margaret E. Le	ing H	Phy	s. Med. Director	Stoff Phys.	7/21/66
23C.	PHYSICIA NAME (T	Margaret E. Le Mrs MARGARE	(23D. ADDRESS		
		MARGARE	T E. L	ANG, MD M.D.	UNIVERSIT	Y HOSPITAL, BA	PLTIMORE, MARYLAND
		MATION, 248. DATE		AME of CEMETERY of CRE			ity, town, or county) (Stote)
	MOVAL (S Buria)	Appil 2					
				ulaney Valley	The second secon	Cockeysville,	
ZDA, DA	A DD	BY HEALTH DEPT.		OF REGISTRAR	Wm. Cook-B	rooks Tomeon	1050 York Rd.
	APK	26 1966 Re	10001	tarbuna	- COOK-D	To To	wson, Maryland 212
/S 150-R	REV. 1/1/6	55			THE RESERVE		



MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

14 F GAST NO	MILDI	C/TE E/	William Co.		- 01 1			
M.E. CASE NO.	EASED		17-74-4-701-1		2 DATE AND	HOUR PRONOUN	CED DEAD	
(Type or Print)		OLINE	V. THOMAS	5500	4-25-66 2:25 A.			2:25 A.
3. PLACE IN BALTI	MORE MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDE	NCE (Where	deceosed lived. II in B. CO	stitution: resi	dence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPITA ADDRESS OR LOCA	AL OR INSTITUTION)	JTON, GIVE STREET	Marylar c. city of tow	nd N (If outside	corporate limits, wri	te RURAL o	nd give township)
FRA	NKLIN SQUARE	HOSPIT	AL - DOA	Baltimo D. STREET ADDR	ESS (If iurol,		8-	00
5. SEX 10	S. RACE	T7 AA ABBIED	NEVER MARRIED	B. DATE OF BIRTH	mbard		21223	r 1 Yr, II Under 24 Hrs.
Female	White		DIVORCED (specify)		1912	9. AGE (in years lost birthday) 53	Months	Doys Hours Min.
	PATION (Give kind of work orking life, even if retired)		BUSINESS OR INDUSTRY	11. BIRTAPLACE	tote or foreig	n country)		T COUNTRY?
3. FATHER'S NAM				14. MOTHER'S MA	ryland			U.S.A.
Charle	es Lampley		10 7 - 1.1	Francis	2			
5. WAS DECEASED	EVER IN U.S. ARMED	FORCES? s of service)	16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRES	5
No			214-20-5625	Mr. Harr	y W. Th	omas Sr. 1	236 W.	Lombard St.
18.	10 Yr 17	OX	CAUSE	OF DEATH		VI THE THE		INTERVAL BETWEEN ONSET AND DEATH
RISE TO THE UNDERLYIN	R CONDITIONS, IF A ABOVE CAUSE (A) ST G CONDITION LAST. II IFICANT CONDITIONS PEATH BUT NOT REL	CONTRIBUTING		Carcinoma	left	breast		
MISEASE OR	OPERATION 198, CON		1894094441440944444444444			20B, IF YES, WERE F	INDINGS C	ONSIDERED
	WAS PERI			Yes		IN CERTIFYING CAL	ISES OF DE	
UNDERLYING CAUS	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., i , form, foctory, street, o	n or obout 21C. W	HERE DID (ocotion)
21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	V	VHILE AT NOT WORK	WHILE	W DID INJU	RY OCCUR?		
22.	fy that I held an I	ngulry 🗌	Inspection Auto	apsy X and	that on thi	s basis, death in	my opinia	n
	ed fram: Natural cau	100	coldent Suicide			Indetermined man		
	7					AMINER X		
SIGNATU	DE OVY	Melie	er/ un	ASSISTANT ME				DATE SIGNED
EXAMINI NAME (T	ER'S	e preu		ASSOCIATE ME		and the same of th		4-25-66
3A. BURIAL CREM	ATION, 238 DATE		ER. M.D.	CREMATORY	23 D. LO	CATION (Cit	y, town, or	county) (Stote)
REMOVAL (Specify) Burial	4/28/6	56	Cedar Hill Cem	eters	Ro	ltimore, Ma	rvl and	
24A. DATE REC'D I			OF REGISTRAR	24C. FUNERA		reimore, Ma		ADDRESS
APR 2	6 1966 Role	F.3-	asber Ma	Wm. Co	ok-Broo	ks Inc. 12	17 St.	Paul St. 21



EUS 24A. BURIAL CREMATION, REMOVAL (Specify)

2SA. DATE REC'D BY HEALTH DEPT.

BURIAL

VS 150-REV, 1/1/65

4-25-6

258. NAME OF REGISTRAR

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED (Type or Print)

3. PLACE OF DEATH

on the h. Such

BALTIMORE CI	TY HEALTH DEPARTMENT 66 04232
32 CERTIFIC	ATE OF DEATH Registered No.
INZERCIN	2. DATE AND HOUR OF DEATH APRIC 23, 1966 A.M. 4. USUAL RESIDENCE (Where deceosed lived If institution; residence before odmission) A. STATE B. COUNTY
THE DIE.	C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALT MORE D. STREET ADDRESS (If rural, give location) 3
RRIED, NEVER MARRIED OVED, DIVORCED (specify) OVED, ND OF BUSINESS OR INDUST	B. DATE OF BIRTH/909 9. AGE (In years lost birthdgy) DEC - 17 100
110G St.	14. MOTHERS MAIDEN NAMELLEN SAUERWEIN SARA SAURWEIN
vice) 1 6. SOCIAL SECURITY NO.	MRS. D. HAYMAN - 8213 LOCK RAVEN BOUD.
e.g., DUE TO ease, (B) DUE TO put TO	HEPATIC +ALLURE 4 DAYS HENNE'S CIRRHOSIS 3 YNS. PHROWIE ACCOHOLISMY 3 30 983.
UTING D THE FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
home, torm, foctory, street, etc.)	in or obout 21 C. WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?
While At Not Work At Wo	rk
ded the deceased from	19 66 to APRIC 2319 66.
16	Attending Med. Stoff Phys. 23B. DATE SIGNED 23B. DATE SIGNED Agrif > 3/46 23D. ADDRESS
4C. NAME OF CEMETERY OF	D. MERCY HOSP. FUC. BALTO. 2 CREMATORY 24D. LOCATION (City, Idwn, or county) (Stole)
Wood LAWN C	emetery Baltimore Maryland

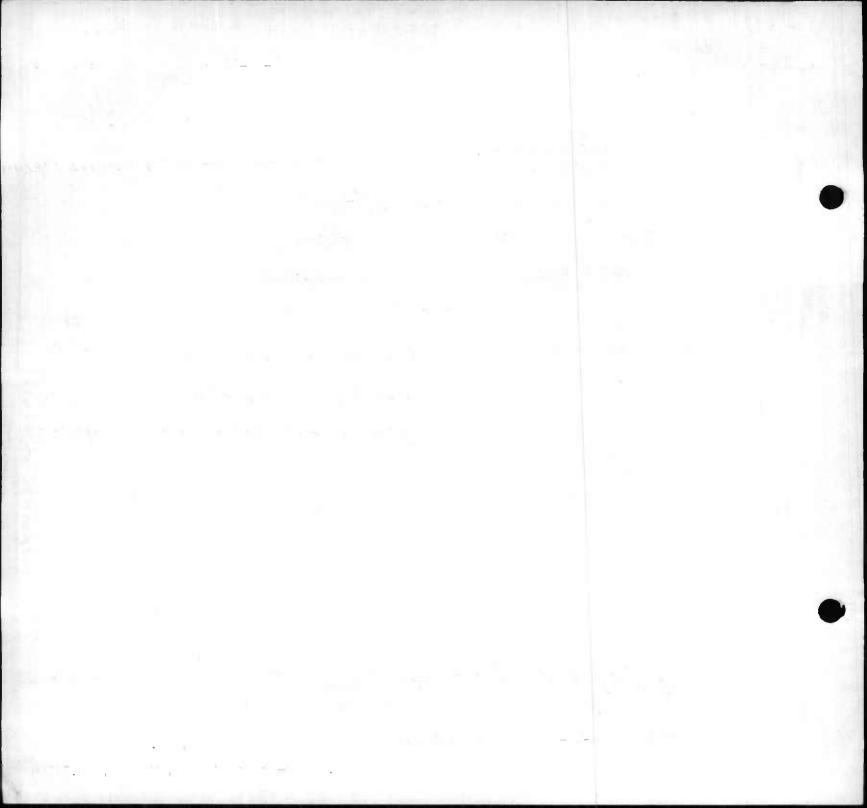
25C. FUNERAL DIRECTOR ADDRESS Cook-BROOKS TOWSON 1050 YORK Rd 21204

Windle Stranger

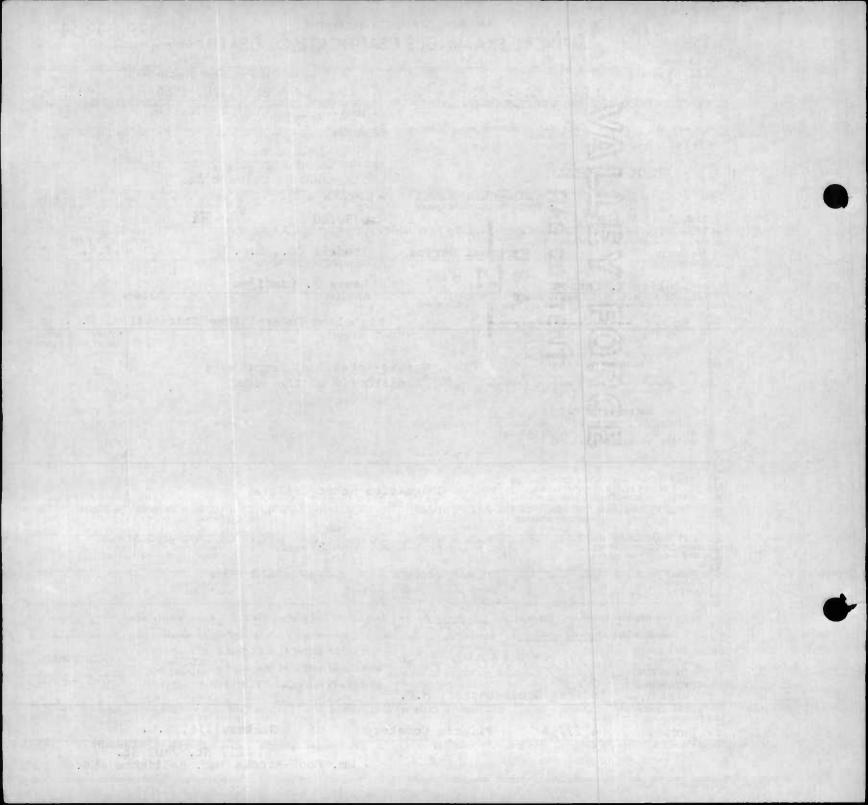
1	7007
	= ± 9 ± 5
	STORE
	- T 0 C
	5 % 0 4
	- 0 D 0 =
	S
	D 25 P
	- D D
	5 5 E 5
	5 5 5 5
	- 5 5 5 0
	D.=
	9 7 9 7
	19 2 - 7
	O'L' IL O
	n n n n n n n n n n n n n n n n n n n
_	00 -0.
	the con
	D - D - D
	als sis
	1000
	= 04 ±
	+
4	DEO
4	+ 0 = 0 0
	ぶたスカッ
œ	SS: AT LE
O	D 0 0
0	SIS
5	The second
-	P 0 0 F
	0 4 5 5 0
FUNERAL DIRECTOR: IMPORTANT	9 - 3 - 1
#	E 0 0 00
0	in in a
	2日十七日
O	X D A X L
-	e X m
	- 00 E :=
0	S. S.
	H. C. L. D.
	S C G O
4	Eoder
O.	TE > C.D
-	.0 g 0 0.0.
Z	4 8 4 5
)	20015
L	5 4 4 5 0
	+ 000
	> た の こ Z -
	0072
	D 2 = 40
	하다 아마다.
	00 0
	7 + E & B -
	a - a
	e must be approved by the chief medical examiner or his assistant if death occurred in a hospital and released to the hospital by a medical examiner. Also, if the direct or contributing cause of death accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased a hospital (except where the physician who pronounced death was in regular attendance on the require to death. Such
	0 D + + +
	9 5 0 0
	d de
	50.540
	-005
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
	This certificates the body was shows: (1) An was D.O.A. at deceased prior
	0 3 4 J G
	# 237
	F-6-00
	S 0 8
	- 3 . o:
	- 9 0 8 0
	는 는 는 ≥ P

BALTIMORE CITY HEALTH DEPARTMENT 66 4233 Registered No. 5 114232 CERTIFICATE OF DEATH BIRTH NO. on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH 1. NAME OF DECEASED (Type or Print) 4-22-66 8:40 GESSIER Regina Catherine
3. PLACE OF DEATH IN BALTIMORE, MARILAND death. 4. USUAL RESIDENCE (Where deceased lived, Histitution: residence before admission)
A. STATE
B. COUNTY (If not in hospital ar institution, give street Maryland FULL NAME OF HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION JENKINS MEMORIAL HOSPITAL Baltimore D. STREET ADDRESS (If rural, give lacation) 1000 S Caton Ave. 106 Woodlawn Rd. 57 Baltimore. Md. 21229 WINDWOOD PARKUM . MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min. lost bighdoy WIDOWED, DIVORCED (specify) 6-4-1898 Never married 0-4-1898 12. CITIZEN OF WHAT COUNTRY? done during most al warking lite, even if retired) City of Balto Clerk Baltimore
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME JOHN J GESSLER JANE CANTON 15. Was Deceased Ever in U. S. Armed Forces? ADDRESS 6. SOCIAL 17. INFORMANT (Yes, no ar unknown) [If yes, give war or dates of service] SECURITY NO. 214-40-2651 no MEDICAL RECORDS ROOM CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, osthenio, etc. Il meons the disease, injury or complication which caused death.) cerebrel orteriosderosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving 10 goverolized arteroschous; rise to the above couse (A) stating the UNDERLYING CONDITION IOSI. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED CERTIFI No 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At obtain (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from O 19.66 that (I) (we) lost saw the deceased alive on ...and that in(my) (aur) apinlan death accurred an the dote eath) and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED D M.D. Attending Med. -Staff Med. Director 0 Phys. approval 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS Raymond Gladue Jenkins Memorial Hospital 21229 M.D. 24A. BURIAL CREMATION, 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION eceased REMOVAL (Specify)
Burial 4-25-66 New Cathedral Baltimore, Md.

258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 2SC. FUNERAL DIRECTOR ADDRESS APR 26 Wm. Cook-Brooks Towson, Towson, Md.21204 VS 150-REV, 1/1/65



Male White Who we will be wi	BIRTH NO.	MEL	JICAL EXAM	VIINER 2	LEKTIFICATE	OF DEATH Registe	ered No.
Control Cont							
S. SER S. RACE MONTH HOSPITAL OR INSTITUTION, GIVE STREET MERCY HOSPITAL OR INSTITUTION, GIVE STREET MERCY HOSPITAL OR INSTITUTION, GIVE STREET MERCY HOSPITAL MERCY HOSPITAL S. STREET RADBESS OR LOCATION	(Type or Print)				2, D		
FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET MERCY HOSPITAL S. SER O. RACE White White O. STREET ADDRESS III mind, give lecroses) MOWERCY HOSPITAL S. SER O. RACE White O. STREET ADDRESS III mind, give lecroses) Mode of mind with give lecroses of moustant in mind of month of	2 81 4 65 111 8 4			2542		April 22, 19	66 6:15 P _M
MERCY HOSPITAL Baltimore D. STREET ADDRESS III rured, give incertain A00 W. Calvert St.							litution: residence befare admission UNTY
MERCY HOSPITAL D. STREET ADDRESS (III rund, give locosion) 400 W. Calvert St. 5.5EK Male White	HOSPITAL OR			GVE STREET			e RURAL and giva lawnship)
S. SER O. RACE O. MACE O. MONOCEDISpecify O. DATE OF BRTH O. ADE (any poors fill Under 1 Yr. II Under 24 H	7						900
Male White Male White Widowald Wido	MI	ERCY HOSPITAL	v. Electrical				
10.0 USUAL OCCUPATION (Give kind of work) 0.0 KIND OF BUSINESS OR INDUSTRY 1.0 BETHER ACE (Siete or foreign country) 12. CITIZEN OF WHAT COUNTRY?					8	last birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Haurs Min.
Merchant Marine Iredell Co., N.C. WHAT COUNTRY?					39/30/20		
1. MOTHER'S NAME 1. MOTHER'S MAIDEN NAME				NESS OR INDUST	RY 11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
1. NAS DECEASED EVER IN U.S. ARMED FORCES? 1. SECURITY NO. 1. NICHOLSON FUNERAL HOME STATESVALL BETWEEN ONSET AND DEATH 1. OCAUSE OF DEATH 1. OCAU	Seaman			Marine			U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. 19.	Ju1	ian T. Carson			Laura J. (Carrigan	
No	5. WAS DECEA	SED EVER IN U.S. ARME	D FORCES? 16. SO				ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying o.g., heard of the consent and death (A) Gastro-intestinal hemorrhage DUE TO cirrbosis of the liver ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ASSOCIATION OF THE		viiniii yas, giva war ar aa	ids of selvice/	COMITI NO.	Nichalson Fr	moral Home Stat	esville N.C.
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying o.g., heart foilure, astronia, etc. Induced the disease, injury or complication which caused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIMING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) OTHER SIGNIFICANT CONDITION SONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 179.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yas or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 179.A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yas or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 179.A. DATE OF OPERATION 198. CONDITION POR WHICH OPERATION 20A. AUTOPSY? (Yas or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 179.A. DATE OF OPERATION 198. CONDITION 198. C				CAUS		merar nome beac	INTERVAL BETWEEN
LEADING TO DEATH (This does not meem the mode of dying o.g., heart foilure, astheria, etc. It moons the disease, injury or complication which caused dooth.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	20	/ - 1		CAO.	or beath		ONSET AND DEATH
This does not mean the mode of dying o.g., heart follow, asthering, etc. It moons the disease, injury or complication which caused dooth.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISES TO THE ABOVE CAUSE (AI) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION DISEASES OR CONDITION CAUSING IT. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED 199A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED 100 210. EXTERNAL CAUSE WAS 110 111 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE CONGESTIVE HEART FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 101 102 103 104 105 105 106 107 107 108 109 109 109 109 109 109 109	DIZE	ASE OR CONDITION DEAT	DIRECTLY H	Costs	ro-intestinal	homorrhogo	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIMNG RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	(This doe:						
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)	injuty or o	camplication which causac	daath.)	C	irruosis of t	ne liver	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bellimare City, give exact lacetion) 10							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No!) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID (If in Boltimore City, givo exact location) UNDERLYING CAUSE OF DEATH. 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? OF INJURY (APPROX.) 21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY OCCUR? ON ON THE MEDICAL EXAMINER DID (Hour) ON THIS basis, death In my opinion On the original of the properties of the propertie	DISEASE			(B)		*******************************	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID UNDERLYING CAUSE OF DEATH. 21D TIME (Manth) (Day) (Year) (Haur) OF INJURY OCCUR? 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 22. 1 certify that I held on Inquiry Inspection A Avork 22. 1 certify that I held on Inquiry Inspection A Autopsy ond that on this basis, death In my opinion 1 certify Matternation Inspection A Accident Suiced The Manual Cause of Death Inspection A Accident Chief Medical Cause of Death In my opinion 22. 23. 24. External Cause was Under City, give exact lacation of Death Inspection A Avork 25. 26. Congestive heart failure 26. Congestive heart failure 27. 28. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID No Cause of Death Inspection Inspec	RISE TO	HE ABOVE CAUSE (A)	STATING THE	DOE 10			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection At Work 22. I certify that I held on Inquiry Occurs Accident Sync de Homicide Undetermined manner City, give exact location) CHIEF MEDICAL EXAMINER DATE SIGNED		ING CONDITION LAST	•	(C)			
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	<u> </u>	11					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED	OTHER SI	GNIFICANT CONDITION					
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection At Work 22. I certify that I held on Inquiry Occurs Accident Sync de Homicide Undetermined manner City, give exact location) CHIEF MEDICAL EXAMINER DATE SIGNED	TO THE			Congest	tive heart fa	ilure	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (a.g., in ar about 21C. WHERE DID INJURY OCCUR? 21D TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURED OF INJURY (APPROX.) 22. I certify that I held on Inquiry Inspection At Work 22. I certify that I held on Inquiry Occurs Accident Sync de Homicide Undetermined manner City, give exact location) CHIEF MEDICAL EXAMINER DATE SIGNED	19A. DATE	OF OPERATION 198, CO	NDITION FOR WHICH	OPERATION	20A. AUTOPSY? (Yos		
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. Common form, foctory, street, affice bldg, INJURY OCCUR?		AL CAUSE WAS					
21D TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR? WHILE AT NOT WHILE AT WORK 22. certify that held on Inquiry Inspection Not white Inspection Not	UNDERLYING CA	GOR CONTRIB-	hame, farm,	OF INJURY (a.g., factory, streat,	affice bldg., INJURY OC	E DID (If in Baltimare City, gi	va exact lacation)
OF INJURY (APPROX.) Certify that I held on Inquiry Inspection Natural causes Accident Suicide Homicide Undetermined manner	7	(Month) (Day) (Ye	ar) (Haur) 21E, IN.	JURY OCCURRED	21F. HOW I	DID INJURY OCCUR?	
1 certify that I held on Inquiry Inspection Autopsy ond that on this basis, death in my opinion resulted from: Natural causes X Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED			WHILE	AT NOT			
CHIEF MEDICAL EXAMINER DATE SIGNED		ertify that I held on	Inquiry Inst	6000		t on this basis, death In r	ny opinion
CHIEF MEDICAL EXAMINER DATE SIGNED	res		ouses X Accide	nt Sylc	de Homicide	Undetermined mann	er 🗌
ACTUAL WALL AND ASSISTANT MEDICAL EVANINED TO	10711	1	210	7 (/			DATE SIGNED
SIGNATURE VI			JUIM	sur s	ASSISTANT MEDIC	CAL EXAMINER E	DATE SIGNED
EXAMINER'S Rudiger Breitenecker, M.D. ASSOCIATE MEDICAL EXAMINER 4-23-66	EXAM	INER'S	r Breiteneck				4-23-66
23A. BURIAL CREMATION, 23B. DATE 23C. NAME at CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (State)	23A. BURIAL CI	REMATION, 23B. DATE			or CREMATORY	23D. LOCATION (City	, tawn, ar county) (State)
Burial 4/27/66 Pilgrim Cemetery Statesville, N.C.		- 11071	66 Pile	rim Ceme	terv	Statesville.	N.C.
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR 1217 St. Paul St. Wm. Cook-Brooks Inc. Baltimore, Md.	Arr	2 6 1966 (7)	FEE - 44			121/ Dt. F	aul St. ltimore, Md.



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

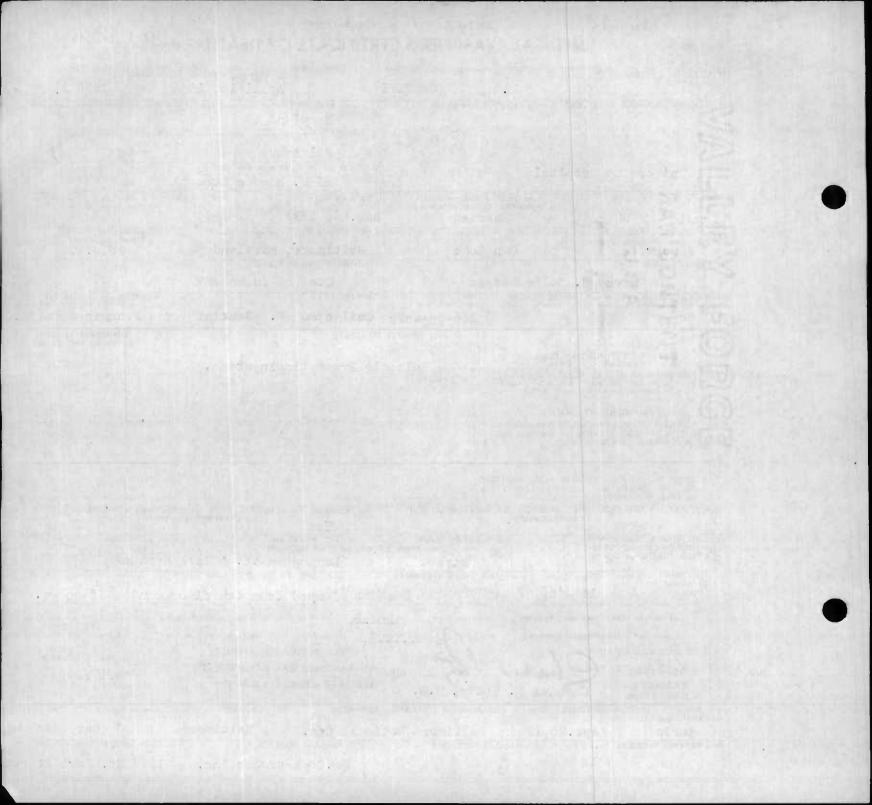
			ar A	005	BALTIMORE CITY	HEALTH DEPARTME	ENT		1	
BIRT	H NO.		66 04	40.)	CERTIFICA	TE OF DEA	TH	Registered No.	10 11	1001
	L CASE NO.				CERTIFICA					1 (O)
	AME OF DEC	Mrs	· Juli	A	SKArbEK	2. D	ATE AND	2 4, 194		12 50 p
3. 1	PLACE OF DE	ATH IN BA	LTIMORE, MAI	RYLAND		A, STATE B.	COUNTY COUNTY	deceased lived. If	institution: re	esidence before odmission
1	FULL NAME OF HOSPITAL OR NSTITUTION	odd	not in hospitol diress or location)		C. CITY OR TOWN	(If outsi	de city limits, write	RURAL one	d give township)
12 -		MEN	cy Ho	Spila		DA STREET ADDRESS	SAE	rol, give location)		
	/					808 S	-	nul ST.		
5. 5	EX	6. RACE	/		D, DIVORCED (specify)	B. DATE OF BIRTH		AGE (In years at birthday)	If Under Months:	Doys Haurs Min.
		"			idoutd	1/1/181	8	7/		
	. USUAL OCC • during most of			10B. KIND O	F BUSINESS OR INDUSTRY	Pa /	or foreign	country)		ZEN OF AT COUNTRY?
13.	FATHER'S NA	ME				14. MOTHER'S MAID	EN NAM	E		
	Tho	MAS	Cin	rims k	<i>'</i>	MA	ry			
15. Yes	Wes Deceased	d Ever in U.	. S. Armed Fore	es?	1 6. SOCIAL SECURITY NO.	17. INFORMANT				ADDRESS
	No				220-09-6753	Josephine S	harok	y 3730 Off	Eutt Ro	d. Randlestow
	18.4.3	31	1		CAUSE O	F DEATH				INTERVAL BETWEEN ONSET AND DEATH
	DISEA		NOTION DIR	ECTLY	W CE	+ brof Yosen	140	Moraha	10	Unt.
			the made of etc. It means		00110	- H. U.J	. pal.		2 3	
		mplicalian	which caused			DE Atrial E	Lulla	tra IVED	-	
			ENT CAUSES		DUE TO	DE Atrial F	uriuni UR)	BARALBE	R	
		ne abave	OITIONS, if a cause (A)							
			11							
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
RTIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED					20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
AL CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street, c					n or obout 21 C. WHERE ffice bldg., INJURY OCC	DID CUR?	(If in Boltimo	re City, give	e exact location)
20	21 D. TIME		(Doy) (Year)	(Hour) 211	INJURY OCCURRED	21 F. HOW D	ID IN III	BY OCCULES		
ME	OF INJURY	(//////////////////////////////////////	(Doy) (Teon	w	hile At Not While At Work	e —	ID INJU	KI OCCOR:		
	22. I certify	that (this hospital		the deceased from	taril 23	19	64 10	faces	24 19 66
	that (+) (we) last sow	the decease	d olive on	April 29	19 64	ond that	in(my) (our) op	inion deat	
	and hour on	d from the	couses stat	ed obove.	1) (114) (did) (did not) v	view the body after a	leoth.			
	23A. SIGNAT	URE							23 B. DAT	E SIGNED
	9	0	arig	ory 6	cretice Phy		S	toff hy s.	and	rel 24, 1960
	NAME (0	0	Z M.D.	23D. ADDRESS				
244	BURIAL CRI	MATION,	24B. DATE	124C.N	AME of CEMETERY OF CR	EMATORY	24D. LO	CATION (C	City, town, o	or county) (State)
	REMOVAL	ial	4/27/6	6 но	y Rosary		Balt	imore, Md		
25 A	DATE REC'E	BY HEALT	TH DEPT.		OF REGISTRAR	25C. FUNERAL DI		1217 St		SEDDRESS
	APR &	6 196	6 Oble	56.4	ansey M.M	Wm.Cook-B	rooks	Inc Balt		
VS	150-REV. 1/1/	/65			74	41 70 %	1			

188 Bellingie MERCY HOSPITAL 808 57. May 35. 8421/4/1 Proposition Poland 19054 Ciminski Thomas Cornelina Mander Herenberry ASTAD & Albind Folgellelier, 18TD 5 Parchard RABBY CHARDS April 23 may holing war april 27 186

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD (Type or Print) 2:30 P. ROSE SANTINI April 16, 1966 MARTE 4. USUAL RESIDENCE (Whore deceased lived, If institution: residence belare admission)
A. STATE
B. COLINTY 3. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD Marvland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rurol, give location) University Hospital 55 S. Monroe Street 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. 5. SEX 6. RACE 8. DATE OF BIRTH WIDOWED, DIVORCED (specify) Months Doys Hours Min. 26 Dec. 4, 1939 Female White Married 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? U.S.A. dane during most of warking lile, even if retired) Housewife Own Home Baltimore, Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Harvey S. Sollenberger Ota (unknown) 15, WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESSA P 0 96307 7. INFORMANT (Yes, no ar unknown), (If yes, give war ar dates of service) SECURITY NO. San Francisco, Calif. No 216-36-4826 Guillermo Santini CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple Traumatic Injuries. (This does not mean the mode of dying, e.g., heart foilure, asthonia, etc. It means the disease, injury or complication which caused dooth.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. NO CERTIFICATI OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes Yes 21 A. EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give exect location) home, form, foctory, street, affice bldg., INJURY OCCUR? UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. Lexington St. & Park Avenue Street 21D TIME 21F. HOW DID INJURY OCCUR? (Manth) 21 E. INJURY OCCURRED (Day) (Yeor) OF INJURY 166 MHILE AT NOT WHILE X Jumped from 6th floor window of store. (APPROX.) 16 I certify that I held an Inquiry Inspection Autopsy X and that an this basis, death in my apinian resulted fram: Natural causes Accident Suicide X Homicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER SIGNATURE 4/17/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S Charles S. Petty, M.D. NAME (Type) 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY OF CREMATORY 23D. LOCATION (City, town, ar county) (Stote) REMOVAL (Specify) Maryland Baltimore Apr. 26, 1966 Buria1 Baltimore National Cem. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS Wm. Cook-Brooks, Inc.

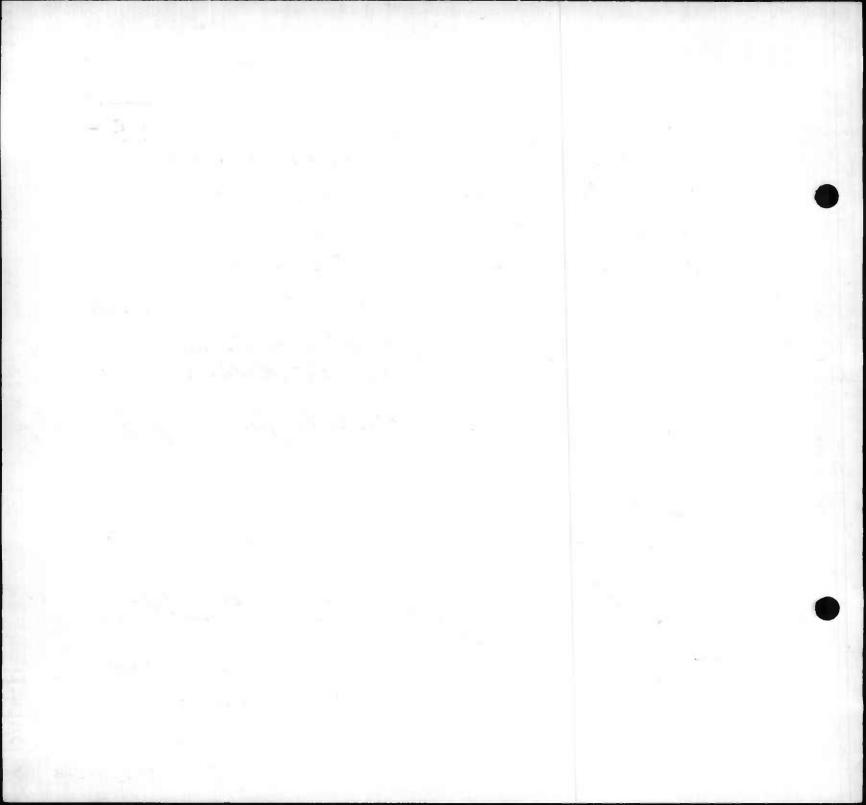
VS 151-REV. 1/1/65

1217 St. Paul Street



				,			7
	•	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	IMPOR	TANT	•	7-
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of	pproved by t	he chief med	dical examiner	or his ass	istant if	death occurred in a	ospital and 6
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death ashame (1) An accident of any nature. (2) Rody human (3) A fracture of any kind. (4) Independing Cause. (5) Decembed	the hospita	1 by a medi	cal examiner.	Also, if t	he direct	Indetermined cause.	Se of death
was D.O.A. at a hospital	(except whe	ere the phys	ician who pro	nounced	Jeath w	as in regular attend	ance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	oN (9) pup :	physician w	ras in regular	attendan	te on the	e deceased prior to	death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.	obtained be	efore the rem	iains are emba	Imed or fi	nal dispo	sition is made.	

66 U4237 BALTIMORE CIT	TY HEALTH DEPARTMENT CC (1/1237)
CERTIFICA	ATE OF DEATH Registered No. 6 ()4237
M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) LULA PEREZ	23 APR 66 6 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (II not in hospital or institution, give street oddress or location) INSTITUTION	C. CITY OR JOWN (Il outside city limits, write RURAL and oive township)
MniVERSITY of MARY	
Hosp	D. STREET ADDRESS (If rurol, give location) 2929 W. Nan H. a.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In yeors lost birthday) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 1-1901 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Months) 1-1-1901 9. AGE (In yeors Months) 9. AGE (In yeors Mo
IOA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTI	WHAT COUNTRY?
Housewife Home	Leorge Town, S.C. US17
13. FATHER'S NAME	
Moutrie Smith	SARIE WALLACE
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give wor or dates of service) 10. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS ADDRESS ADDRESS ADDRESS
71-01	Mrs. 15. HARRIS 1624 HODOLSON OF DEATH OF DEATH
DISEASE OR CONDITION DIRECTLY	1540 - Change Conset and Death
LEADING TO DEATH ((A) (This does not mean the mode of dying, e.g., DUE TO 7	T - 1 is condition of the signal is
healt foilule, asthenio, etc. It means the disease, injuly of complication which caused death.)	Tabella Mellets
ANTECEDENT CAUSES (B) DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the UNDERLYING CONDITION last.	Irabetu Sompere 1 (2) Halley
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, loring, loctory, street, etc.)	office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Not W	
22. I certify that M (this hospital) attended the deceased from	4/21 19 66 to 4/23 19 60
that (1) (we) lost saw the deceased olive an. 4/22	19 CC and that in (my) (out) opinion death occurred on the date
and hour and from the couses stated above. (1) (WE) (did not)	view the body ofter death.
23A. SIGNATURE	23B, DATE SIGNED
Marine By	hys. Director Phys. 230/1166
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county) (Stote)
REMOVAL (Specily)	$\Lambda \Lambda \Lambda$
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	STY HIT CO. ADDRESS
APR 26 1966 (0, 6-8, Follows	MURTON + VYETT 1701 LAURENS
VS 150-REV, 1/1/65	



IMPORTANT FUNERAL DIRECTOR:

This, certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on written approval must be obtained before the remains are embalmed or final disposition is made.

23A. SIGNATURE

23C. PHYSICIAN'S NAME (Type)

24A. BURIAL CREMATION, EMOVAL (Specify)

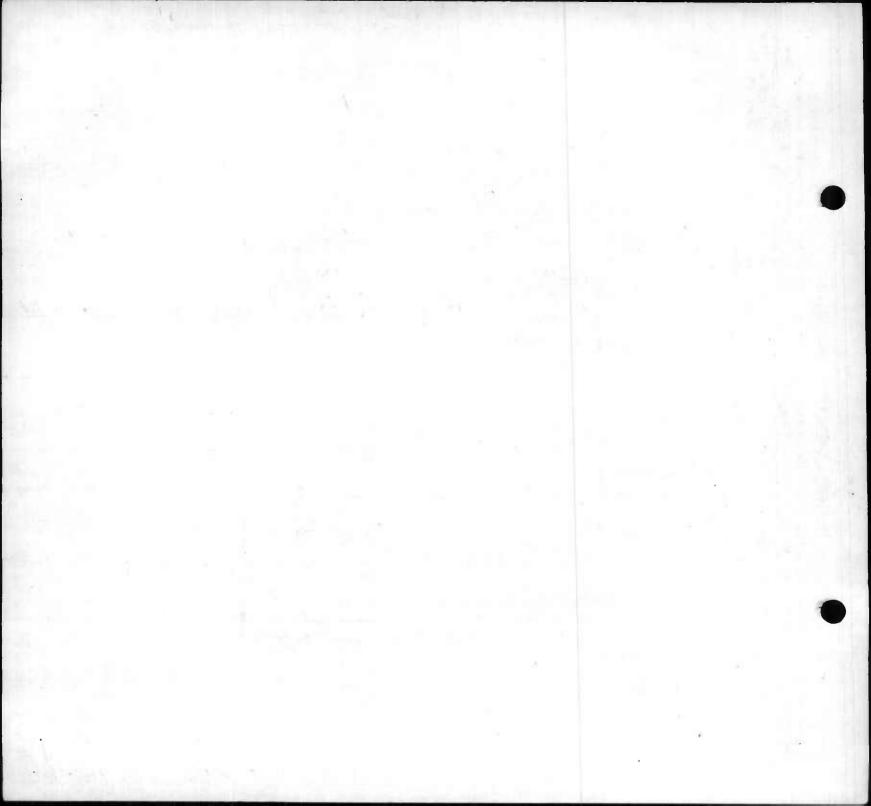
VS 150-REV. 1/1/65

2 6

the

F	400	BALTIMORE CITY	HEALTH DEPARTMENT		
BIR	TH NO. 66 11420	CERTIFICA	TE OF DEATH	Registered Ne	04238
	L CASE NO.				
	De or Print) ELIZA BETH	STRUEAKS	OAL CA	HOUR OF DEATH	7:30A M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	CITOFIG		deceased lived. If inst	itution: residence before odmission)
11	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location) NSTITUTION	on, give street	Md.	6	IRAL and give township)
}	FRAMICIA Sq	care Hosp.	D. STREET AOORESS (If to	rol, give location)	11011
			000	ved 1	11150
5.		HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 9.	AGE (In years ost birthdoy)	If Under 1 Yr. Months: Ooys Hours Min.
	USUAL OCCUPATION (Give kind of work 10 B. KtN c	OF BUSINESS OR INOUSTRY	11. BIRTHPLACE (Stote or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	Retired 4	NK.	UNK.		4.5.A
13.	FATHER'S NAME		14. MOTHERS MAIDEN NAM	E	
	UNK.		UNK.		
15. (Ye	Was Deceased Ever in U.S. Armed Forces? s,no or unknown) (If yes, give war or dates of servi	1 6. SOCIAL SECURITY NO.	LINCOLN NU	rsing 16	me B/L. Ad
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE O	Bil. pro	umma.	INTERVAL BETWEEN ONSET AND DEATH 2 Lauc
	(This does not meon the mode of dying, heart loilure, asthenia, etc. It means the dise injury or complication which coused death.)		•••••••••••••••••••••••••••••••••••••••		
	ANTECEDENT CAUSES	(B)	**************************************		
	DISEASES OR CONDITIONS, if ony, given is the obove couse (A) sloting UNDERLYING CONDITION lost.				
	6.0				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		13. 0		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact locotion)
MEDI	21 D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Whi Work At Work	21F. HOW OID INJU	RY OCCUR?	,
	22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive and hour and from the causes stated above	on \$121/66	19 and the	7tat in(my) (aur) apin	an death accurred an the date

23B, DATE SIGNED Muneses Attending Phys. Med. Director Stoff Phys. M.D 23 D. ADORESS S-MUMESES M.D. 24D. LOCATION **IStotel** (City, town, or county) 25C. FUNERAL DIRECTOR orto



pup

a hospital

occurred

eath

assistant

or his

the chief medical examiner

by

approved

must be

certificate

0

Deceased the

Undetermined cause; (5) contributing cause

uo

attendance

regular

=

SD M

death

pronounced

who

physician

the ō

where

(except

3

any nature;

of hospital

An accident

0

to

was D.O.A. shows: (1)

the body was released to the hospital

(4)

kind;

any

of

fracture

4

(3)

examiner.

medical Body burns;

of death

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 114239 66 04239 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 25 death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; reside B. COMNTY are 0 FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside only limits," INSTITUTION 0 Balto. prior D. STREET ADDRESS (If rurol, give location Ne Carey Street is made 6. RACE MARRIED, NEYER MARRIED OF SIPTH 9. AGE (In years SEX B. DATE Il Under 1 Yr. If Under 24 Hrs. deceased lost birthdoy Months! Doys Hours WIDOWED, DIVORCED (specify) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHYLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? isposition done during most of working life, even it retired) S.C. U.S.A. the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Zicum Green ठ 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS 17. INFORMANT 0 6. SOCIAL final SECURITY NO. attendance Dorothy Green Sumpter. 217-01-0437 CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It meons the disease, gular injury or complication which coused deoth.) me ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if ony, giving fo the abave cause (A) stating the before the remains UNDERLYING CONDITION last. MOS Ш OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 2 UDARAK 218. PACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bfdg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF °Z DEATH (notify medical examiner) MEDIC obtained 21 D. TIME OF INJURY (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR 9 While At Not White (APPROX.) pup Work At Work 22. I certify that (1) (this hospital) attended the deceased from eath); that (I) (we) lost saw the deceased alive on ond that in(my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23 B. DATE SIGNED Ö Attending Phys. 10 Director Phy s. approval 23C. PHYSICIAN'S prior 23D. ADDRESS NAME (Type) 24A. BURIAL CREMATION, 24B. eceased REMOVAL (Specily) decease

25A. DATE REC'D BY HEALTH DEPT.

Burial

VS 150-REV. 1/1/65

Church

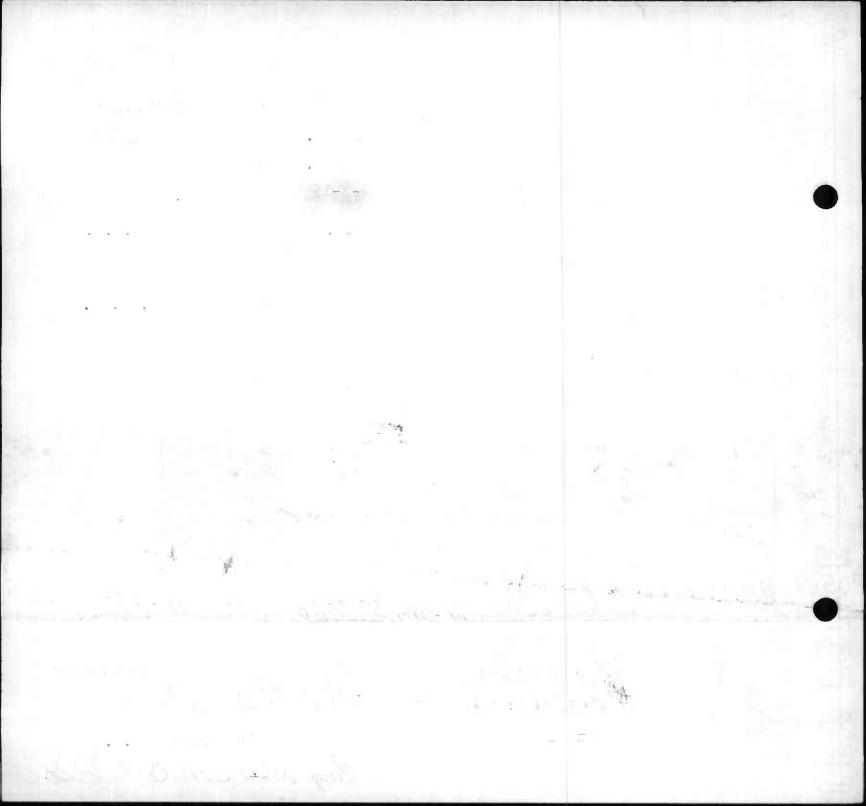
258. NAME OF REGISTRAR

Cemetery

25C. FUNERAL DIRECTOR

S.C.

Kingstreet



hospital

occurred

or his assistant if

the chief medical examiner

Also,

examiner.

medical

0

by

to the hospital

the body was released

shows: (1) An accident

10

O

at

was D.O.A.

by

approved

Such the direct or contributing cause of death kind; (4) Undetermined cause; (5) Deceased no eath. ance D attend 0 prior is made. regular deceased disposition = Was the death LO or final attendance any pronounced embalmed of fracture regular who are 4 (3) physician before the remains burns; physician was (2) Body the where °Z any nature; be obtained 9 (except death); and of hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. C.C. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) (0 4. USUAL RESIDENCE (Where deceased A, STATE B. COUNTY 3. PLACE OF DEATH IN institution: residence before admission) FULL NAME OF (If not in hospital at institution, give street LAND HOSPITAL OR oddiess or location) If outside city limits, write RURAL and give township C. CITY OR TOWN More rural, give location -12 N. W Uh 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGE (In years 6. RACE 8. DATE OF BIRTH II Under 1 Yı. II Under 24 His. Hours lost birthdoyl Months Doys MArrica 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foleign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) IMore House 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, la the obove cause (A) stating the UNDERLYING CONDITION Iosi, CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, loim, loctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notily medical examiner) etc.) MEDIC (Month) (Doy) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Work Al Work 22. 1 certify that (1) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date that (1) (we) lost sow the deceased alive on and hour and from the causes stated above. (1) (WET (did) (did not) view the body after death. 23A SIGNATURE 238 DATE SIGNED Attending Stoff Med. Phys. Director PHYSICIAN'S NAME (Type) 23D. ADDRESS 24A. BURIAL CREMATION, 248 REMOVAL (Specify) Cem

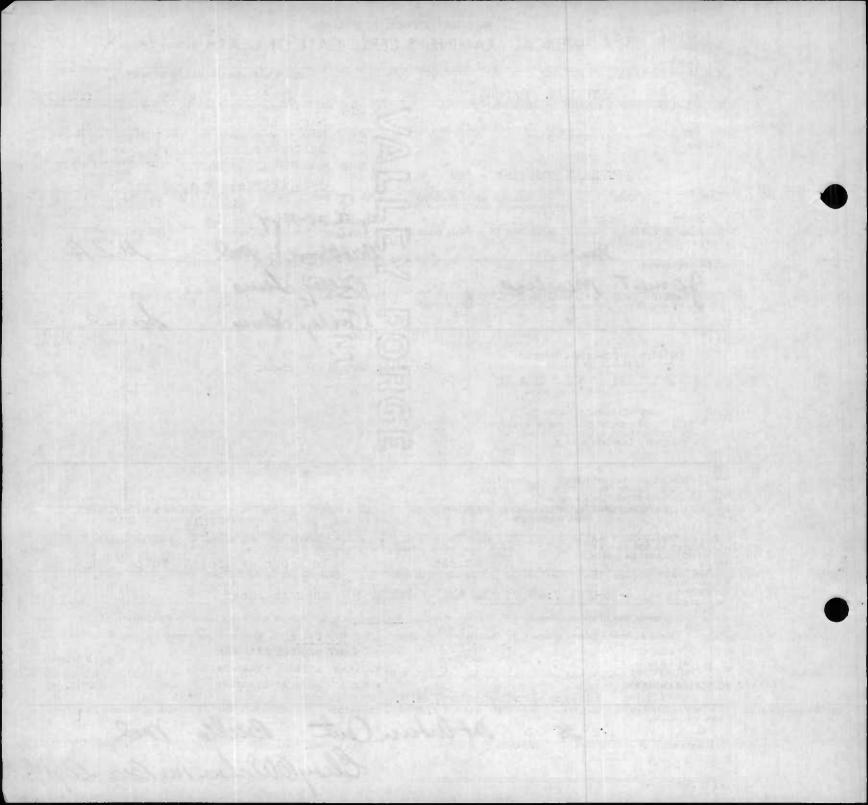
must deceased prior to written approval SC. FUNERAL DIRECTOR 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

Flascoc

VnyoCardial InFaretion Avterioschero sis

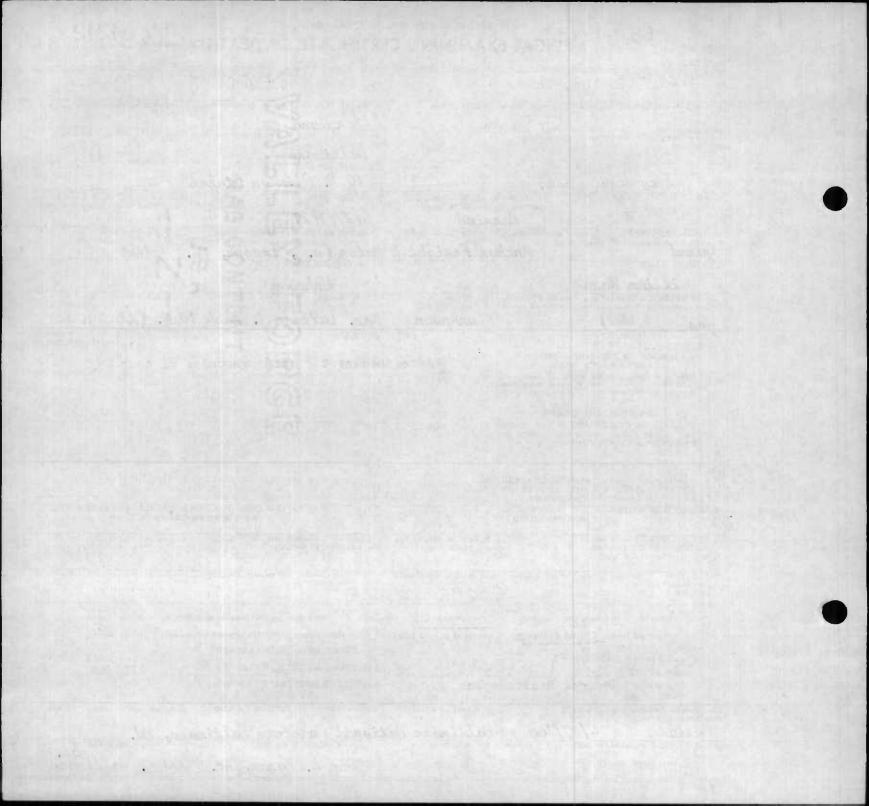
CC NADAY

BIR	TH NO.	MED	DICAL EX	AMINER'S	CERTIFICA	TE OF D	EATH Registe	red Na	14241
-	E CASE NO.	FACED							
ίŤγ	pe or Print)			0			HOUR PRONOUNCE	ED DEAD	
3. 1	PLACE IN BALT	ARTHUR I	M. MEADER		4. USUAL RESID	April	19, 1966	itution: resid	7:55 PM.
	LL NAME OF		TAL OR INSTITU	TION, GIVE STREET	C. CITY OR TO	aryland WN (If outside	B. COU	INTY	
134.	111011014				Ba	altimore)	- 1
		LUTHERAN 1	HOSPITAL	- DOA	D. STREET ADD		give locotion) ield Ave.		10
5. 5	EX	6. RACE		NEVER MARRIED	B. DATE OF BIRT		9. AGE (In years lost birthdoy)	If Under	1 Yr. If Under 24 Hrs. Doys : Hours , Min.
	Male	Negro	sing		april 2	8-1944	18	TVIOITIES !	Doy's Hours Polin.
don	e during most of v	vorking life even if retired		BUSINESS OR INDUST	Bultin	(Stole or foreign	mel	12. CITIZE	T COUNTRY
13.	FATHER'S NAN	T	1		14. MOTHER'S N	AIDEN NAME			
15.	WAS DECEASE	D EVER IN U.S. ARMI	eluo ED FORCES?	16. SO CIAL	17. INFORMANT	y Solve	us	ADDRESS	
(Ye	s, is or unknown	(If yes, give wor or do	etes of service)	SECURITY NO.	10.00	1		1	. 0
-	1B. (7)	PIV		CAUS	SE OF DEATH	y Teu	Lip ,	com	INTERVAL BETWEEN
	DISEAS	SE OR CONDITION I	DIRECTLY					45-50	ONSET AND DEATH
		LEADING TO DEAT	TH		ot wound o	of chest			••
	heart failure,	osthenio, etc. It meo nplication which cause	ns the disease,	DUE TO					
	A	NTECENDENT CAU	242					1111	
	DISEASES	OR CONDITIONS, IF	ANY, GIVING	DUE TO					••••••
		E ABOVE CAUSE (A) IG CONDITION LAST							
O		ll l		(C)					***************************************
CERTIFICATION	TO THE	NIFICANT CONDITION DEATH BUT NOT F	ELATED TO TH			000000005311.2250000000000000000000000000000000000			***************************************
CERT		OPERATION 198, CO		VHICH OPERATION		11	N CERTIFYING CAUS		
X	21 A. EXTERNA	CAUSE WAS	21 B. P	LACE OF INJURY (e.g.	, in or obout 21C. V	WHERE DID (IF	yes I in Boltimore City, giv	ve exoct lo	cotion)
EDICA	UTING CAU	OR CONTRIB- SE OF DEATH.	home,	form, loctory, street,			of 1561 N	Eultor	A
Σ	21 D TIME	(Month) (Doy) (Ye	or) (Hour) 21	E. INJURY OCCURRED		OM DID INJUR	of 1561 N.	rultor	i ave.
	OF INJURY (APPROX.)	4-19-66	7:40 P m. W	HILE AT NOT	WHILE E Sh	not in ch	nest	72.	
		ify that I held an					basis, death In m		
	resul	ted fram: Matural c	auses A	Sulci				er	
	ACTUAL	. 101	mert.	(4.1)		EDICAL EXA			DATE SIGNED
	SIGNAT	11 - 00	1019	M.I	ASSISTANT M		-		/ 00 ((
	EXAMIN		er Breite	necker, M.D.		TEDICAL EX	AMINER		4-20-66
	BURIAL CREATE	MATION, 23B. DATE	230		or CREMATORY	23D. LO	CATION (City,	town, or c	ounty) (Stote)
1	Buria	e 4-35	-64 0	mt arten	a Cout	1 13	scelto.	mes	2
24/	. DATE REC'D		24B, NAME C	F ga	24C. FUNER	AL DIRECTOR	1	A	DDRESS
	APR 2	6 1966 (1)	Je 9 8.4	Children on	Cho	4000	1202/10	1 Bu	antlybe



BALTIMORE	CITY	HEALTH.	DEPA	DTMEN	JI
DALIMORE	CILI	DEALID	DELW	KIME	МI

BIRTH N	10.	66 142 MED		AMINER'S CI			DEATH Registe	66 (14242 ered No.
	ASE NO.							
Type of	AE OF DEC	William I	RASH			2. DATE ANI 4/23	HOUR PRONOUNCE	10 p
3. PLAC	E IN BALT	IMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	A. STATE	1 1	deceosed lived, If inst	ilutian: residence befare admiss
HOSPITA	AME OF	(IF NOT IN HOSPIT	AL OR INSTITU	JTION, GIVE STREET	c. CITY OF T	COWN (If outside	e carparate limits, write	RURAL and give township)
INSTITU	TION				Balti			9 6-10
	Cit	y Hosp. (DOA	(<i>I</i>		D. STREET AD	(Linto)	give location) 2 Street	
5. SEX	M	6. RACE	WIDO WED,	NEVER MARRIED DIVORCED (specify) ried	6/27/	19,21	9. AGE (In years last birthday) 44	H Under 1 Yr. If Under 24 Manths, Days, Hours, Mi
	ing most of v	JPATION (Give kind of wor working life, even if retired)		r Freight &	Motor (7	n country)	12. CITIZEN OF WHAT COUNTRY?
1	HER'S NAN	NE 3	717646	it i recagne a		MAIDEN NAMI	E I'M	JUSA
	Wille	ian Rash			4	Inknown		
		D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMAN	IT		ADDRESS
ues Olab.	1	WW77		unknown	Mrs. Lo	Werne J.	. Rash 10 1	V. Clinton St
TIFICATION	This does in the dearth failure, injury or continuity or c	SE OR CONDITION DI LEADING TO DEATH not mean the made of asthenia, etc. It means mplication which caused NITECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING OPERATION 198. CON WAS PER	dying e.g., she disease, death.) ES NNY, GIVING TATING THE CONTRIBUTING THE LATED TO T GIT.	(A)		PSY? (Yes ar Na)	ovascular d 208. IF YES, WERE FI	NDINGS CONSIDERED
EDIUM INDIC	DERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	hame etc.)	PLACE OF INJURY (e.g., , form, foctory, street, o	in ar about 21C	. WHERE DID JRY OCCUR?	(If in Boltimore City, gi	ve exoct locotian)
OF	TIME INJURY PROX.)	(Manth) (Day) (Yea	V	VHILE AT NOT YORK AT W	WHILE	HOW DID INJU	JRY OCCUR?	
22.	ACTUAL SIGNAT EXAMIN NAME (URE	uses x A	Inspection X Autocident Suicide M.D. Cker	e Hom CHIEF ASSISTANT ASSOCIATE	MEDICAL EX	CAMINER X	DATE SIGNED 4/24/66
REMOV	AL (Specify			C. NAME OF CEMETERY O				, town, or caunty) (State)
	ATE REC'D	BY HEALTH DEPT.	248, NAME	Baltimore Na	24C. FUN	ERAL DIRECTOR	Baltimore,	ADDRESS C.
	APR 2	6 1966 R.C.						E. Baltimore
VS 151	-REV. 1/1/	65			1 1 1			



66 114243 Registered Na. CERTIFICATE OF DEATH BIRTH NO. Such of death (5) Deceased M.E. CASE NO. 2. DATE AND HOUR OF DEATH NAME OF DECEASED (Type or Print) Scot7 no hospital eath. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND institution: residence before admission) ance A. STATE CGUSB (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) attend cause; INSTITUTION 0 MErcy Hospital, Inc. prior (If rural, give location) contributing BAITIMORE, Md. occurred EUTAN (4) Undetermined is made. in regular 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthdoy WILDWED 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or loreign country) disposition death done during most of working life, even if retired) 13. FATHERS NAME Hote! Was 14. MOTHER'S MAIDEN NAME the direct assistant if death 00 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT 6. SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. ance Mrs. Mae Hill-3501 Holmes Ave. 056-12-4682 any pronounced CAUSE OF DEATH attend DISEASE OR CONDITION DIRECTLY Also, embalmed 30 LEADING TO DEATH fracture (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, examiner 10 examiner. injury at complication which coused death.) regul (B) ANTECEDENT CAUSES who DUE TO GLO DISEASES OR CONDITIONS, if ony, (3) tise to the above cause (A) stoling the = physician the remains UNDERLYING CONDITION lost. chief medical medical MOS burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 9A. DATE OF OPERATION the 0 WAS PERFORMED before the 21A. ACCIDENT WAS UNDERLYING 218, PLACE OF INJURY (e.g., in or obout 21C, WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (2) (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the hospital °Z DEATH (notify medical examined etc.) nature; MEDIC by obtained (Month) (Day) (Year) (Hourl 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved Not While (except While At (APPROX.) Work and At Work any April 21, 19 66 10 iter) ottended the deceased from_ April 10 23 that (we) lost saw the deceased alive on.... .19 30 death) hospital the body was released and hour and from the couses stated above. (1) (We) (dld) (did not) view the body after death. must accident 23A. SIGNATURE must Attending Med. Stoff 0 Phys. Director approval 0 23C. PHYSICIAN'S 23D. ADDRESS prior certificate ato NAME (Type) An rea D.O.A. 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY eceased 24D. LOCATION (City, town, or county) REMOVAL (Specify) shows: Baltimore /28 6 Arbutus Memorial
25B. NAME OF REGISTRAR 25 Mas 25C. FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. Nutter -3035 W. North Herbert

BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

Hours

USX

INTERVAL BETWEEN ONSET AND DEATH

If Under 1 Yr. Months Doys

12. CITIZEN OF

YES

238, DATE SIGNED

Co. Maryland

ADDRESS

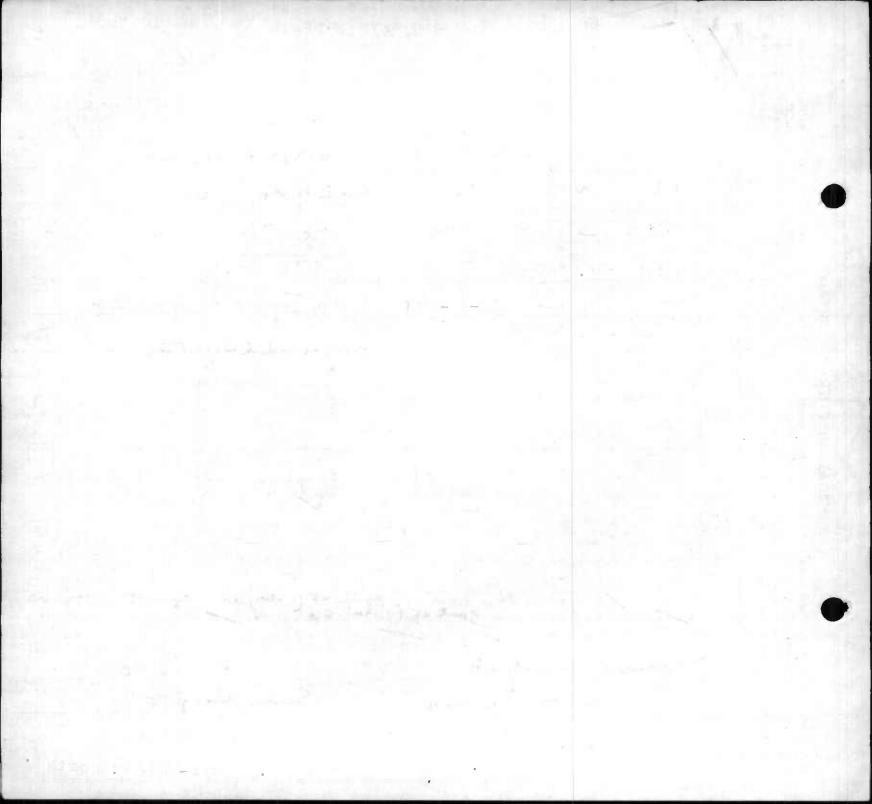
WHAT COUNTRY?

ADDRESS

The we had, 153 Bellineers Mirry Hospilal , Inc BATTOMORES ME 1321 ENTHE PLACE 1) 1 / holy Mole Wegen Widowed Harylond no no FARITA COOPER John S. Scott 524 X= 5 to Aguil 27 60 april 23 1966 With Couper Breeze

17.75 5.75

		BALTIMORE CITY	Y HEALTH DEPARTMENT	1	04044			
BIRTH NO.	66 (1424	CERTIFICA	TE OF DEATH	Registered No.	h 119293			
M.E. CASE NO.			2. DATE AN	D HOUR OF DEATH				
	acres Sc	acc.	1	25-66				
3. PLACE OF DEATH IN	BALTIMORE, MARYLA	ND D		e doceased lived. If insti	tution: residence before admission			
		**** **						
HOSPITAL OR	(If not in hospital or inst address or location)	titution, give street	C. CITY OR TOWN (If out	side city limits, write RU	RAL ond give township)			
INSTITUTION	5	Lucatel	Baltimore		5370			
1-2-	10 -	Hospital more maryland		rurol, give location)	1			
	Della	more, muly cond	6238	tails 12				
5. SEX 6. RAC	E N C 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH March 18, 1898	Lost highdows	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.			
IGA. USUAL OCCUPATIO	N (Give kind of work 10B, !	KIND OF BUSINESS OR INDUSTRY		- 0	12. CITIZEN OF			
done during most of working	life, even if retired)				WHAT COUNTRY?			
Custodian	- Ve	alley Mart	Baltimore Ma		USA			
13. FATHER'S NAME		Name and Address of the Address of t						
	m W. Scott		Henrietta (reen_				
15. Was Deceased Ever in (Yes, no or unknown) (If yes	U. S. Armod Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS			
		216-24-5070	Louise Scott	6238 Fall	s Road			
18. 11 00.	/1	CAUSE	OF DEATH	02/01/01	INTERVAL BETWEEN ONSET AND DEATH			
DISEASE OR	CONDITION DIRECTL	.γ			ONSEI AND DEATH			
	NG TO DEATH	(A)	myocarde	al anjuction	12 hours			
	an the made of dyin ia, etc. It means the (U				
	an which caused deat							
ANTEC	EDENT CAUSES	(B)						
DISEASES OR CO	NDITIONS, if any,							
rise to the aba	ve cause (A) stati	ng the (C)		00000000000000000000000000000000000000				
UNDERLING CON	DITION Idsi,							
Z OTHER SIGNIFICAN	T CONDITIONS CONTI	RIBUTING						
H TO THE DEATH	BUT NOT RELATED	TO THE Chia	me Emplays	Cycle .	Chrobondin			
DISEASE OR CONDI		N FOR WHICH OPERATION	20 A. AUTOPSY (Yos or No	208. IF YES, WERE FIN	IDINGS CONSIDERED			
U 21A. ACCIDENT WA	S UNDERLYING	21B. PLACE OF INJURY (o.g.,	in or obout 21C. WHERE DID	(If in Boltimore	City, give exect locotion)			
OR CONTRIBUTING	CAUSE OF	home, form, foctory, street, etc.)	office bldg., INJURY OCCUR?	- The second of				
U	h) (Doy) (Your) (Ho	out 21E INJURY OCCURRED	21F. HOW DID INJ	HBY OCCUP?				
S OF INJURY	117 (DOY) (1001) (110	While At The Not Wh		OKI GOOK.				
(APPROX)		Work At Work	, 🗀	1	, ,			
22. I certify that	22. I certify that (IV (this haspital) attended the deceased from equil 25 (1:45AM) (66 to Cyul 25 (1:199m) 66							
that (H) (we) lost s	ow the deceased al	ive on april 25 (11	119 mg 6 6 and th	ot Intary (our) opini	an death accurred an the do			
		bove. (H) (We) (did) (did not)	view the bady after death.					
23A SIGNATURE				2	3B, DATE SIGNED			
Terren	m. H	Charle M.D. A	tonding Mod.	Stoff Phy s.	april -5 196,			
23C. PHYSICIAN'S	1110000	Tues-	ys. Director 123D. ADDRESS	rny s.	9			
NAME (Type)	100	HINELEN M.D		. de	- (
		111120141615		CONTRACT TO				
24A. BURIAL CREMATIO REMOVAL (Specify)	N, 248. DATE	24C. NAME of CEMETERY OF C			, town, or county) (Stote)			
Burial	4/29/66	Carver Memori		urel Maryl				
25A. DATE REC'D BY HE	ALTH DEPT. 25B.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS Ave			
ADD 2 G	1066 00 6	C Fallway	Herbert E.	Nutter-30	35 W. North			
VS 150-PEV 121/65	TOUR UL COL							



D.O.

the body

shows: Was

of death. and

hospital

Such

death.

uo

25A. DATE REC'D 25B. NAME OF REGISTRAR 25C/FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

Stephaliseers Johnson Tom Total rudous con II 52/4 22 Je Spercer JOHNS HOPKINS HORF

Such or his assistant if death occurred in a hospital and kind; (4) Undetermined cause; (5) Deceased

prior to death. attendance

in regular

Mas

death

(except where the physician who pronounced

the deceased

if the direct or contributing cause

				BALTIMORE CITY	HEALTH DEPARTMENT			10
	TH NO.		66 042	G CERTIFICA	TE OF DEATH	Registered Na	6 11920	10
١,١	E CASE NO.	ASED	00 1114		2. DATE	AND HOUR OF DEATH		
Ту	pe or Print)	Geo	rge Water	B	Ame	il 21, 1966		1:50 A
3.	PLACE OF DEA		AORE, MARYLAND		4. USUAL RESIDENCE TW A. STATE B, COL	here deceased lived. If in	stitution: residenc	e before odmissi
	FULL NAME OF HOSPITAL OR	(If not i	n hospital or institut ar location)	ion, give sheel	Marylar	nd outside city limits, write	RUPAL and aive	towashia)
	NOITUTITZNI	Prev	ident Hes	nital	Baltime		die die gree	10 11 10 11 197
11	1		Division			If rural, give location)		
1			imore, Ma:		2024 54			
-	SEX	6. RACE		IED, NEVER MARRIED	8. DATE OF BIRTH	ting Street	If Under 1 Yr.	, If Under 24 H
	ale	Negro	WIDO	ngle	o. DATE OF BIRTH	lost birthdoy)	Months Doys	Hours Min,
	USUAL OCCU		kind of work 108. KIN	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or fo	reign country)	12. CITIZEN O	
	None			one	North Carol	ina	U.S.A	
3.	FATHERS NAM	E			14. MOTHERS MAIDEN N	AME		
1	Unknown				Unknown			
S. Ye	Was Deceased s, no or unknown)	Ever in U. S. (If yes, give	Armed Forces? wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADD	ESS
				217-20-8305	Walter Smit	h	Sam	e
	18	aVI		CAUSE O	F DEATH			AL BETWEEN
	DISEASI	OR COND	ITON DIRECTLY		1 -		ONSET	AND DEATH
	1	EADING TO	DEATH	(A)	Hour me	mbranous		
	(This does no	I meon the	mode of dying, II meons the dise	e.g., DUE TO	, ,	+-1-1	- 1 T.	
	injuly of comp	licotion whi	ch coused deoth.)	ne	enouth agre.	trachedoro	mus.	
	A	NTECEDENT	CAUSES	(B)	te my corres Si	scomment.	neunou	A E
	DISEASES O	R CONDITIO	ONS, if ony, gi		Pulwonary	odoma.	_	
	rise to the	obove co	use (A) sloling	Ihe (C)	1105 Tod 1	what could	on	
	UNDERLYING	CONDITIO	V Iosi,	V			0.	
HOL		ATH BUT	DITIONS CONTRIBU		cosal homo	what see	- CLOS	
S	19A. DATE OF		198 CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or		FINDINGS CONS	DERED
ERTIFI	2		WAS PERFORMED		V	IN CERTIFYING CA	USES OF DEATH	?
AL C	21 A. ACCIDEN OR CONTRIBUT DEATH (notify	ING CAU	SE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimer	e City, give exoc	t location)
EDIC	21 D. TIME	(Month) (Do		21 E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?		
S	(APPROX.)			While AI Not While Work AI Work	e			
	22. I certify t	that (1) (this	haspital) attend	ed the deceased from Ap	ril 21,	1966 to Apri	1 21.	19 66
					19.66 and			urred on the d
			uses stated abav	e. (1) (We) (did) (did nat) v				
	23A. SIGNATUR	RE	/	0/11/1			23B. DATE SIGN	1ED
	ABR	Theo	dore/ Ins	- Mary		Stoff Phys.	April 2	22, 1966
	23C. PHYSICIAN NAME (Ty		1	1/,-	23D. ADDRESS			

24A. BURIAL CREMATION, REMOVAL (Specily)

M.D.

(Stote) (City, town, or county)

Burial 4/26/66

25A. DATE SEC'D BY HEALTH DEPT.
APR 26 1966 Mt Calvary Cemetry

C TY A ounty Md

ADDRESS Adolphus Halstead 1206 W North Ave

VS 150-REV. 1/1/65

written approval must be obtained before the remains are embalmed or final disposition is made. deceased prior to death); and (6) No physician was in regular attendance on shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any This certificate must be approved by the chief medical examiner the body was released to the hospital by a was D.O.A. at a hospital

ferrical interest terrical reviews first baltimore, Maryland

Make Negro:

1714 satisfies of the

Single

None

North Carolina

inknows

diina telink

0.02

April 21, 66 April 21, April 21,

-

1518 Division Street

BEE , S. LITTA

enober: Triple

hospital and use of death Deceased

0

Such

LO O death.

attendance

9

prior

T

ma

Isposition

0

balmed

EH

are

the remains

obtained

must

approval

was D.O.A. shows: (1)

eceased

It Under 24 Hrs.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

ADDRESS

WHAT COUNTRY?

U.S.A.

CERTIFICATE OF DEATH BIRTH NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) MORRIS, Constance Lee 4/21/66 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) MARYLAND (If not in hospital or institution, give street FULL NAME OF address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give fownship) INSTITUTION BALTIMORE CITY HOSPITALS BALTIMORE D. STREET ADDRESS (If rural, give location) 4940 EASTERN AVENUE 1020 N. STOCKTON STREET - 21217 MARYLAND 21224 BATTTMORE B. DATE OF BIRTH MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. WIDOWED, DIVORCED (specify) lost birthday Months! Doys SINGLE NEGRO FEMALE IGA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) MARYLAND 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME CLIFTON MORRIS ETHEL HOLMES 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (It yes, give wor or dates at service) 17. INFORMANT 6. SOCIAL SECURITY NO. RECORDS: BCH 4940 EASTERN AVE, BALTO. MD. 21224 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION Just. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED 21 B. PLACE OF INJURY (e.g., in ar obout 21 C. WHERE DID home, farm, foctory, street, office btdg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notity medical examiner) (Hour) (Month) (Day) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work 22. I certify tha ((1))(this hospital) attended the deceased from. that((1)]we) last sow the deceased alive an... and that in(my) (our) opinion death occurred an the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending Med. Staff Phys. Director Phys. PHYSICIANS CITY HOSPITALS BALTIMORE HAME TYPE DEL RICHMON 4940 EASTERN AVENUE, BALTO., Md. 21224 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)

Mt 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

Auburn

Cemetry

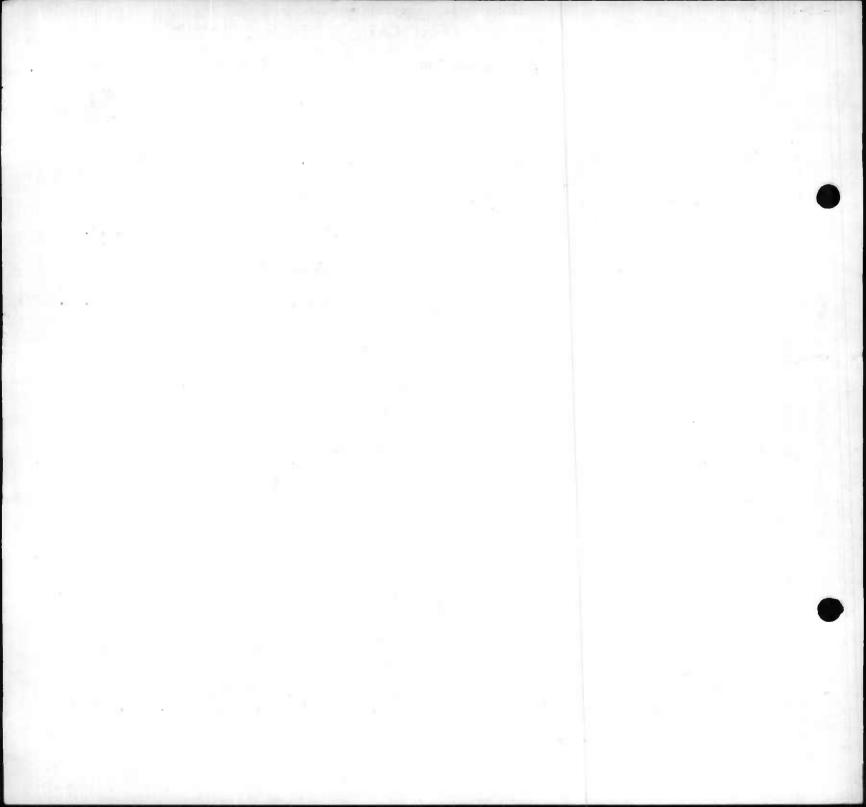
4/28/66

Halstead 1206 W North Ave

Baltimore

VS 150-REV. 1/1/65

Burial



VS 150-REV. 1/1/65

	66 04248	BALTIMORE CITY	HEALTH DEPARTMENT	()()	442.4.5
	BIRTH NO. M.E. CASE NO.	CERTIFICAT	TE OF DEATH	Registered No.S_	04248
	1. NAME OF DECEASED (Type or Pright UC/A DALLA	MOTTE	3 2. DATE AND	23-66	5:400 M
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT	Υ	ution: residence before admission)
	FULL NAME OF (If not in hospital or institution, give		C. CITY OR TOWN My outsi	de city limits, write RUR	AL and give township)
-	Church Home + /8	Les	Baltinor		
.0			D. STREET ADDRESS (If ru	rol, give location)	e St.
mad		EVER MARRIED DIVORCED (specify)		AGE (In years III	Under 1 Yr. If Under 24 Hrs. lonths Doys Hours Min.
ion is	10X. USUAL OCCUPATION (Give kind of work 108, KIND OF Bl done during most of working life, even il retired)		1. BIRTHPLA CE (State or foreign	n country)	2. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHERS NAME	1	4. MOTHERS MAIDEN NAM	E	
lisp	Gregorio Bosich		Aura?		
final	15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	7. INFORMANT	1	ADDRESS
	(18.	CAUSE OF	MRS. F. BORZYMOU	VSK1 13N.F.	INTERVAL BETWEEN
ed or	DISEASE OR CONDITION DIRECTLY			1-	ONSET AND DEATH
balme	LEADING TO DEATH (This does not mean the made of dying, e.g.,	DUE TO	Le rollace	now to sis	days
mpa	heorl failure, asthenia, etc. 11 meons the disease, injury or complication which caused death.)	01	Levinsale ma	tings/2	Menne
9	ANTECEDENT CAUSES	(B) DUE TO	ubrowasci feriosolero pascular	isease	9-9-
וז מר	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C) Vi	a betes one	ellipsis	year
nain	Z OTHER SIGNISIONAL CONDUCTIONS CONTRIBUTING				
rem	TO THE DEATH BUT NOT RELATED TO THE				
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
before	O 21 A. ACCIDENT WAS UNDERLYING 21B. PL	ACE OF INJURY (e.g., in lorm, foctory, street, office	or obout 21C. WHERE DID ce bidg., INJURY OCCUR?	IIf in Boltimore C	ity, give exact location)
ained		At Not While	21F. HOW DID INJU	RY OCCUR?	
obte	22. I certify that (I) (this hospital) attended the		1-8	66 10 4	5-23 1966
pe	that (I) (we) last saw the deceased alive an		19 6 6 and that	t in (my) (our) opinia	n death accurred an the date
must	and haur and fram the causes stated above. (1)	Well (did nat) vie	ew the bady after death.	23	B. DATE SIGNED
al r	you to whis	M.D. Attend	ding Med. S	hys.	4-23-66
proval	23C. PHYSICIAN'S NAME (Type) Socie S. 3200	1509 M.D.	Churco	6 Hone.	of Hospital
ap	24A. BURIAL CREMATION, 24B. DATE 24C. NAM	LE OF CEMETERY OF CREM	1	CATION ICity,	town, or county)
written	BURID 4/37/66 Ho/S	REGISTRAR	C-CM. SA	1/1/MORE	- Md.
×	APR 26 1966 Robert E. Fall	w.M.S	B. DAL ROWS	CK i 2818 E.L	BAHIMORE St.

61092 78 Luxual Grove " Beech - 1500 98 Contract Mountain copies a gentless (17) 1.1 makes martifles The state of which the state of

pital and of death Deceased

or contributing cause

irect 3

D kind;

Also, of

examiner.

medical

0

by 3

to the hospital

the body was released

approved

must

certificate

any nature;

of hospital death)

accident

fracture

4

Body

(4) Undetermined cause;

hospital

0

occurred

Such

death.

0

prior

deceased

0

attendance (2)

regular

= SD the

death uo

pronounced

9

3 3

physician

the

where

(except

attendance any

regular

=

Was

physician

°Z

9

pup

0

0 prior

to An

O.A.

0 shows: Was

approval

deceased written ap

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 114249 66 (14249 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 60 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USAL RESIDENCE (Where deceased lived. If institution; residence before admission) (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY ON TOWN (If outside city limits, write RURAL and give township) **INSTITUTION** D. STREET ADDRESS mad MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 5. SEX It Under 1 Yr. Months: Doys 6. RACE B. DATE OF BIRTH 9. AGE (In years lost birthdoy . s 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR BIRTHPLA'CE /St 12. CITIZEN OF isposition done during mostyff working life, even if retired) 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME O 15. Was Deceased Ever in U. S. Armed Forces SECURITY NO. 17. INFORMAN final (Yes, no or unknown) (If yes, give wor or dotes of service) 0 DISEASE OR CONDITION DIRECTLY embaimed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, osthenia, etc. It meons the diseose, injuly or camplication which coused death.) (B) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stoting the UNDERLYING CONDITION last. remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or Not 19A. DATE OF OPERATION WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B, PLACE OF tNJURY (e.g., in or about 21C. WHERE DID home, torm, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notity medical examiner) etc.) obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram... that (1) (we) last saw the deceased alive an abrul 19606 pe must

20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (It in Boltimore City, give exact location) and that in (my) (out) apinian death accurred an the date and haur and fram the causes stated abave. (1) ^f(We) (did) (did not) view the bady after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff M.D. 23C, PHYSICIAN'S NAME (Type) Phys. Director _ 23 D. ADDRESS Ollemore M.D. 24A BURIAL CREMATION, 248. 24C. NAME of CEMETERY of CREMATORY LOCATION REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV, 1/1/65

If Under 24 Hrs.

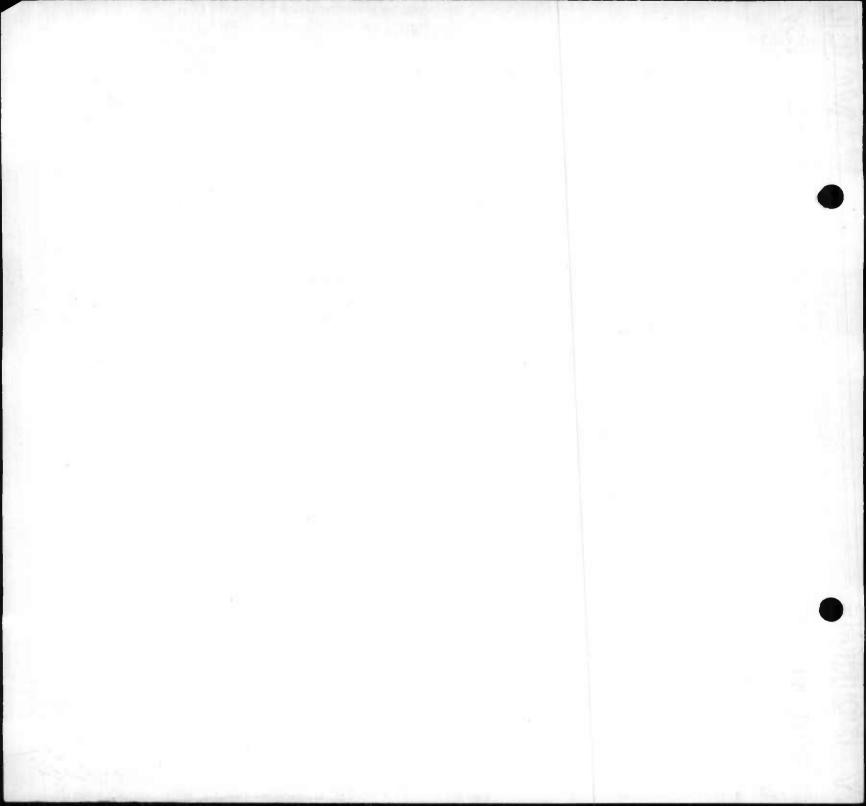
Hours

WHAT COUNTRY?

ADDRESS

INTERVAL BETWEEN

ONSET AND DEATH



shows:

of death gug

hospital

0

LO

death.

0

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

3. PLACE OF DEATH IN BALTIMORE MARYLAND

6. RACE

IGA, USUAL OCCUPATION (Give kind of world

done during most of working lite, even if retired)

15. Was Deceased Ever in U. S. Armed Forces:

DISEASE OR

(Type or Print)

5. SEX

CERTIFICATION

MEDICAL

21 D. TIME

OF INJURY

(APPROX.)

13. FATHER'S NAME

DALTIAL NO.	F	DEPARTMENT
BALLIMURE	LIII HEALTH	UPPAKIMENI
	Q11 1 11m1 1m111	

CEPTIE	ICATE	OF D	EATH

2. DA

ADDRESS

ENT X	00 0A2 N
	66 04200
24/66 - 9,05	PM
//	titution: residence before admission)
and	Par Ha
Ill outside city limits, write RU	JRAL and give township)
imore 7	53-00
ottaine AV	16.
	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
or foreign country)	12. CITIZEN OF WHAT COUNTRY?
EN NAME OD	
na Ball, n	
al Records	ADDRESS
	INTERVAL BETWEEN ONSET AND DEATH
ia o abscerus.	H-L-:
	2
c carendud	- LLL year:
\$ 00 #\$ 00 00 00 00 00 00 00 00 00 00 00 00 00	
HO HINNH HIN TO HE HIN COC CO WON ON F C - m m m CO T C C C C C C	40 Mm em 110 0 0 110 0 0 0 0 0 0 0 0 0 0 0 0 0
as failure	
S OF NO. 208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
Te	7
DID (If in Boltmore	City, give exact location)
ID INJURY OCCUR?	
- 1	
6-1966 to Abo	t11-24-1966.
	Ian death occurred an the date
deoth.	Total Gooding Control of the Control
	23B. DAJE SIGNED
Stoll Phys.	0/1901/66
	11/27/-
ecout Hos	bital
24D. LOCATION (City	, lawn, or county) (State)
12 -Ola "	y mid
RECTOR	ADDRESS
ke 7, W, 4101	18 lundon
0 110 7101	CANDIOUS .

PMCEH 4. USUAL RESIDENCE A. STATE B.

(If not in hospital or institution, give street oddress or location)

FULL NAME OF HOSPITAL OR INSTITUTION

dotes of service)

CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying,

heart failure, asthenio, etc. Il means the disease,

DISEASES OR CONDITIONS, if ony, giving

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED

(Month) (Doy) (Year)

to the above couse (A) stating the

injury or complication which coused death,) ANTECEDENT CAUSES

UNDERLYING CONDITION lost.

19A. DATE OF OPERATION

DISEASE OR CONDITION CAUSING IT.

21 A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner)

MARRIED, NEVER MARRIED WIDQWED, DIVORCED (specily)

10B. KIND BUSINESS OR INDUSTR

6. SOCIAL SECURITY NO

7. INFORMAN DEATH

DUE

198. CONDITION FOR WHICH OPERATION

20 A. AUTOPSY? (Yes

218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE D home, form, foctory, street, office bldg., INJURY OCCL 21F. HOW DII

21 E. INJURY OCCURRED While At Not While

At Work

Work 22. I certify that (I) (this hospital) attended the deceased from

that (1) (we) lost sow the deceased alive an

Attending

and hour and from the couses stated above. (I) (We) (did) (did nat) view the body after de 23A. SIGNATURE

TO THE

WAS PERFORMED

(Hour)

(clano	a	ling	
C.PHYSTCIAN'S		0 1	

Phy s.

M.D.

23D. ADDRESS

Med. Director

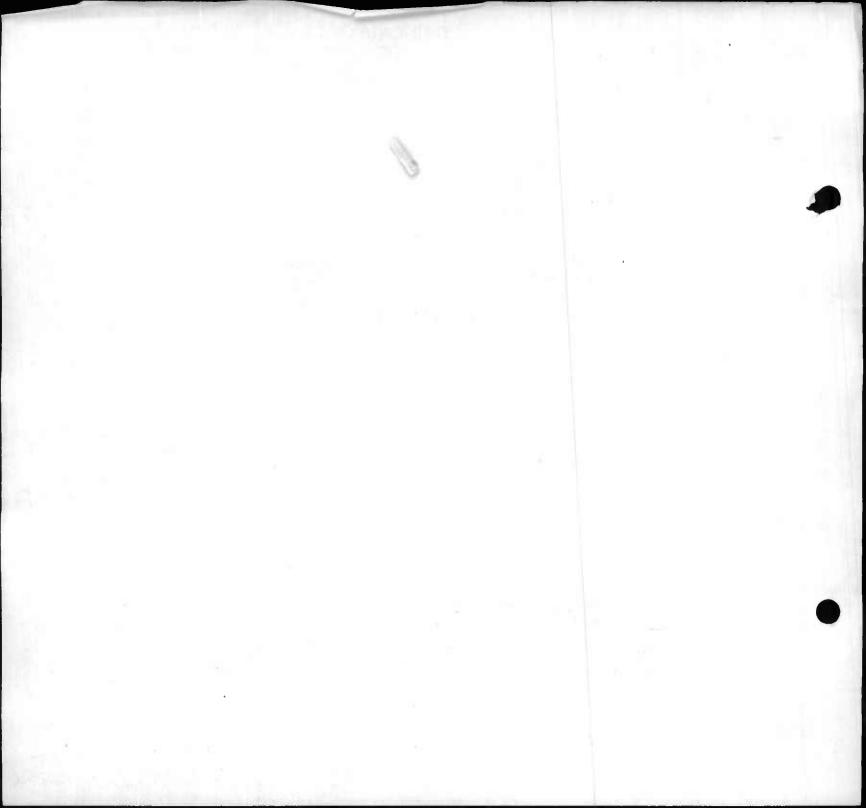
BURIAL CREMATION, OF CREMATORY

258. NAME OF

FUNERAL DIRE

25A. DATE REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65



0

to

ď

0.0

MOS

shows: (1)

the body

etermined cause; (5) Deceased

or contributing cause

0

attend

regular

=

UO

eath. ance

0

pital and of death

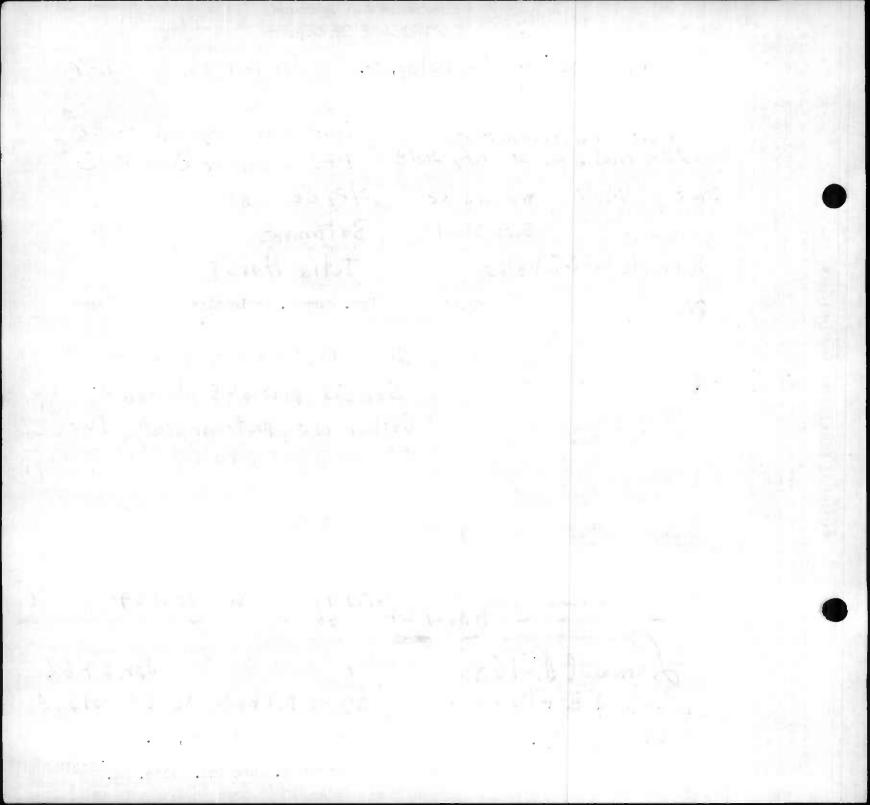
hospital

23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS JR M.D. BORING THE UNION MEMORIAL HOSP ITAL 24A. BURIAL CREMATION, 248. DATE REMOVAL (Specify) 4/27 4/27/66. Gardens of Faith Cemetery Baltimore, Md. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

27.84 ENDER MENDERAL MOSSIAM STED VELVING MORALE 1-119/23 42 M CHORAN 2 PENNS YEARNOW I'S CHURKES FFEHRER KOTH ... THE PERSON OF TH ZEY! Marlor, Eury m. gar le profe TAT \$ 30 1 1 2 1 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2

	15	7
_ 0	(any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	; and (6) No physician was in regular attendance on the deceased prior to death. Such
P +	0 4	U
0 0	S +	. 5
_ 0	0 5	: 01
0	0 0	-
1	0	Ē
S.	~ 5	. 0
0 8	5	P
- 3	10. 6	1
0 0	0 5	+
E _	5	
8	0 +	0
D .=	-	L .
2 3	0	- D
2.6	5	00
0 +	E	DE
0 5	L	0 0
- 0	+	9 5
= .	0 0	0 0
9 0	E .	0 =
0+	⊃ 6	0 0
+ 0	3	4 9
	2	N.
E 70	**	50
0	2 5	
S	-5 4	9 5
55	-	E 12
0 :-	2.2	0 -
w .	0	, = 0
F 0	4	0 0
- 3	0 0	1 = 2
0 4	F 6	0 5
9 5	2 8	- B
E 6	0	705
	2	2 5
E E	4	0 0
×	4	
0 ×	8	_ = 0
=	0	1 2
2 0	S	3.5
P .	5	N X
9 7	5	- 0
F 6	क र	
0	> .	- : J
-= 0	0	- S +
to,	8	> 0
0 4	20	400
5-	S	- 0
- 0	**	2 9
9.0	E 3	77
70 0	2	00
9 5	0 5	E .
> "	= 9	DO
5 4	>	5 5
9+	60	. 0
B 0	-	00
0 -	0	= =
4	-	SOS
+ 5	0	2 0
5 6	P	0
E 70	0	+ 6
0	0	- >
+ 5	E (2
0	4	100
+	=	TOR
t -	-	0 -
0 0	1 0 C	o d
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	shows: (1) An accident of	deceased prior to death); and (6) No physician was in regular attendance on the deceased prwritten approval must be obtained before the remains are embalmed or final disposition is made.
- = 0	0 5	7 .F
F÷	shows: (1) An accident of	deceased prior to death)

	66 0425	BALTIMORE CITT	HEALIN DEPARTMENT		
	H NO.	CERTIFICA	TE OF DEATH	Registered No.) ()4252
Typ	Thomas mc	Nicholas,	sr. Apri	7 - 0	945 pm M.
F	ULL NAME OF (If not in hospital or institution	on, give street	A. STATE B. COL	IND.	27-38
MOSPITAL OR oddress or location) INSTITUTION OF North Charles Gra, Harp.		Baltima	outside city limits, write RU Y C	JRAT ond five lownship!	
1	2724 Nicharles St.			chher Rod	d AptD
N	ble White man	HED, NEVER MARRIED WED, DIVORCED (specify)	2/8/86	80	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
nob		h Steel	Baltiner		12. CITIZEN OF WHAT COUNTRY?
	Patrick mc Nichol	2	Julia H	urst	
Yes	Was Deceased Ever in U. S. Armed Forces? ,no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	Mrs. Mary S. N	McNicholas	(Same)
	DISEASE OR CONDITION DIRECTLY	CAUSE OF	te Myala	d Leukenia	ONSET AND DEATH
	(This does not mean the mode of dying, heart failure, osthenia, etc. It means the disciniury or complication which caused deoth.)		on one	*	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, given see to the above cause (A) stoting		1	ouble Septia	1. 1. 1.
NOI	UNDERLYING CONDITION last. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO		conclup ac	umania,	bit. 2 drys
L CERTIF	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 208, IF YES, WERE FILL IN CERTIFYING CAN	NDINGS CONSIDERED
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C WHERE DID	(If in Boltimore	City, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Yeor) (Hour) OF INJURY (APPROX.)	21 E INJURY OCCURRED While At Not While Work At Work	21F, HOW DID IF	JURY OCCUR?	
	22. I certify that (I) (this hespital) attended that (I) (www.) last saw the deceased alive to	ed the deceased fram		19 66 to PPT1	124 1966
	and haur and from the causes stated abave			1.	23B, DATE SIGNED
	23C. PHYSICIAN'S NAME (Type)	47.114	miding Med. Director 23D. ADDRESS	Stoff Phys.	Apr, 24'66
244	Leonar d the Fld	XN.B M.D.	2702 N.	harles St.	Gty-21218
C4P	Burial 4/28/66.	Holy Redeemer Co	emetery	Baltimore, M	
	APR 26 1966 A.O. 1-8.3	alky Mil	Leonard J.	Ruck Inc. Bal	to. Md. 21214
15	150-REV. 1/1/65				



attendance on the

Such

prior to death.

		04959	BALTIMORE CITY	HEALTH DEPART		
BIRTH NO.	6	6 04253	CERTIFICA	TE OF DE	ATH Registered N	96 04253
M.E. CASE N	DECEASED				DATE AND HOUR OF DEA	TH
SCH.	ILF Mrs. J	osephine	(Mrs. Gust	Of) 14. USUAL RESIDEN A. STATE	April 25, 19	66 10:30 A M. f institution: residence before admission)
FULL NAI HOSPITAL INSTITUTIO	OR oddress or lo			4315 c. city or town	Willshire Av	te RURAL and give township)
/			AL HOSPITAL	Balti D. STREET ADDRES	more, Marylan	nd 21206
/		. Caton .	Avenue yland 21229	D. STREET ADDRES	ss (if furoi, give location)	2-91
5. SEX	6. RACE	7. MARRIED.	NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
F.	W.	Ma	o, DIVORCED (specify)	2/25/18	93 10st birthdoys	Months Doys Hours Min.
	OCCUPATION (Give kind of ost of working life, even if rel		BUSINESS OR INDUSTRY	11. BIRTHPLACE (St	ote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	smaker	Mercha	ndising	Princ	eton. Wis.	USA
13. FATHERS	Hunt			14. MOTHER'S MA	e Monte	
15. Was Dec	eased Ever in U. S. Arme	d Forces?	16. SOCIAL	17. INFORMANT	e Mone	ADDRESS
NO	(nown) (If yes, give wor o	ir doles of service)	212-07-489	MEDIC	AT DEGODDG D	2026
118.	27,211			DE DEATH	AL RECORDS RO	INTERVAL BETWEEN
D	ISEASE OR CONDITION	N DIRECTLY		0 -		ONSET AND DEATH
	LEADING TO DE		(A)	Sepleceure	4	1 dois
heart fa	pes nat mean the mad ilure, asthenia, etc. It m r camplication which co	neans the disease,			so del wa	
	ANTECEDENT CA	USES	(B) 41 4	lecid co	so due wa	ell one cup.
rise lo	ES OR CONDITIONS, the abave cause LYING CONDITION las	(A) stating the	(C)		****	
≧ TO TH	SIGNIFICANT CONDITION LE DEATH BUT NOT E OR CONDITION CAUS	RELATED TO TH	G Cache	exia ?	e trology	weeks
	E OF OPERATION 198.		WHICH OPERATION	20 A. AUTÓPSY?		RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CON	CIDENT WAS UNDERLY! TRIBUTING CAUSE Of	NG 21B	PLACE OF INJURY (e.g., ine, form, foctory, street, o	of about 21 C. WHE	RE DID (If in Boltin CCUR?	nore City, give exact locotion?
OF INJU	E (Month) (Doy) ((Yearl (Hour) 21 E	INJURY OCCURRED	21F. HOW	DID INJURY OCCUR?	
₹ (APPROX		Wh	ile At Not While			
			he deceased fram		1/2/ 19 66 10	4/25 19 66
that (1)	(we) last saw the dea	eased alive an	4/2	5 19 46	and that in (my) (our)	pinian death accurred an the date
[[]			l) (We) (did) (d id noi) v			
23A. SIG	NATURE	0.0	1			23B DATE SIGNED
	- Raymone	e Gla	Ville Phy			4/25/66
	SICIAN'S	In become	T 35 0 00 0	23D. ADDRESS		

Raymond Gladue, W K (5911 24A. BURIAL CREMATION, REMOVAL (Specify) Burial lager 24C. NAME of CEMETERY OF CREMATORY

Jenkins Memorial

4/28/66. Holy Redeemer Cemetery

Baltimore, Md.

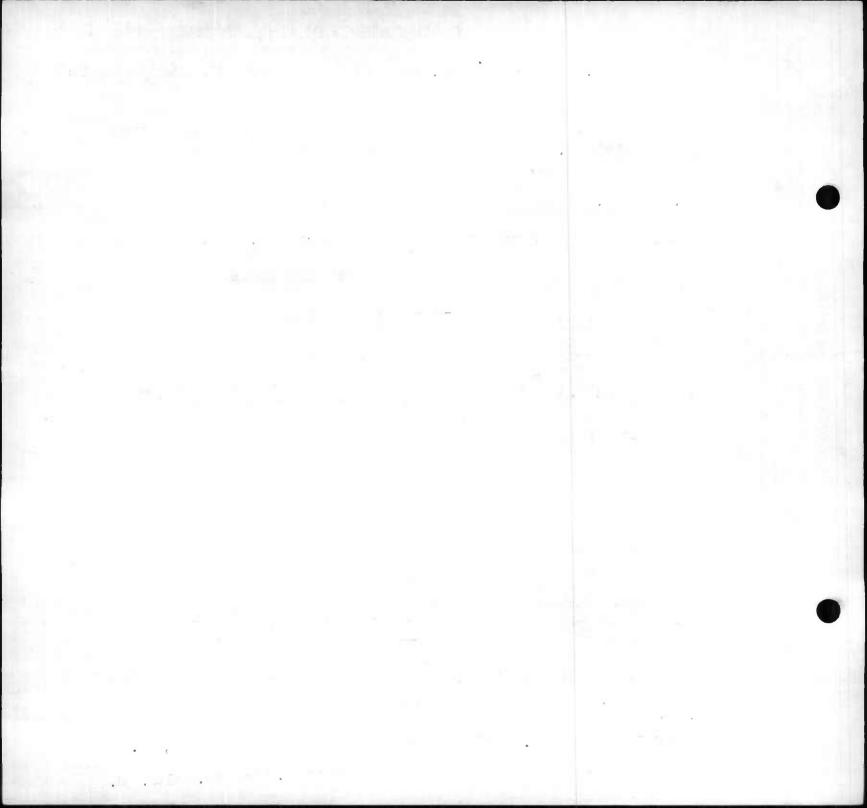
258. NAME OF REGISTRAR HEALTH DEPT.

Leonard J. Ruck Inc. Balto. Md

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

ADDRESS 21214



	e approved by the chief medical examiner or his assistant if death occurred in a hospital and	I to the hospital by a medical examiner. Also, if the direct or contributing cause of death	of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
	D	þ	906
	Spi	0	0
	ho	USe	; (5)
	5	00	150
	=	Bu	Cal
	red	uti	Pe
	נטר	rib	in
	000	uc	FIL
	÷	ŏ.	let
	dec	0	Und
	#	ect	4
Z	tu	dir) 'F
A	sta	94	inc
N N	155	f t	Y
FUNERAL DIRECTOR: IMPORTANT	is	, '	0
3	r h	Alsc	0
	0		Ure
2	ine	ner	90
H	E	E	fr.
E	e X	DX	A (1
<u> </u>	6	-	3 (3
7	pip	lica	rns
Z	E	ned	bo
W	ief	_ B	dy
2	ch	7	Bo
II.	he	9 =	3
	7	ita	re;
	P	OSF	ato
	00	e h	/ nc
	ppr	+	any
	0	10	of
	t be	sed	ant-
	SOI	9	ide
	E	10	220
В	cat	/ds	An
	lifi	*	E
	103	poo	:5:
	iis	e b	MO
	든	£	Sh

to death. Such

in regular

WOS

death

pronounced

who

the physician

(except where

was D.O.A. at a hospital

RGB

attendance on the

(Typ	AME OF DECI	EASED Willi	am Fore	st Stover	2. DA	TE AND HOUR OF DEATH	
		TH IN BALTIMORE MAR		50 0 0000	14 USUAL RESIDENCE	April 24, 19	nstitution: residence before admis
	_				A. STATE B. C	COUNTY	
F	FULL NAME O HOSPITAL OR NSTITUTION	F (If not in hospital a address or location	or institution, (give street	C. CITY OR TOWN		RURAL and give township)
		Health Servi	ice Hos	oital	Flemi		
		Drive & 31s				(Il rurol, give location) turdevant St.	
5. S	M	W	Mar	NEVER MARRIED , DIVORCED (specily) ried	8. DATE OF BIRTH 7/2/27	9. AGE (In years lost birthday) 38	If Under 1 Yr. II Under 24 Months: Days Hours M
		JPATION (Give kind of work working life, even if retired) Principer	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote of Pa.	or faraign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM				14. MOTHER'S MAIDEN		
		ge Stover				1 Kramer	
15. \ (Yos	Was Deceased and or unknown	Ever in U. S. Armed Force (If yos, give wor or dolos	s of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
•	Yes	USAF 1945-1	1946	203-20-0928		US PHS Hospita	
	1B. 20	/X 1		CAUSE O	F DEATH		ONSET AND DEATH
		E OR CONDITION DIR	ECTLY	Но	dgkins diseas	30	5 sme
	(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease.						2 yrs.
	injury or complication which caused death,						
	A	ANTECEDENT CAUSES		(B)	*************************************		
	DISEASES O	R CONDITIONS, if a					
	DISEASES O						
Z	DISEASES O	OR CONDITIONS, if of obove couse (A) G CONDITION lost.	sloling lhe	(C)			
VIION	DISEASES Orise to the UNDERLYING	R CONDITIONS, if of obove couse (A) G CONDITION IOSI. FICANT CONDITIONS COME ATTHE BUT NOT RELA	Stoling the	(C)			
FICATION	DISEASES Orise to the UNDERLYING	PR CONDITIONS, if conditions conditions conditions conditions conditions conditions conditions conditions conditions candition causing it	ONTRIBUTING TED TO THE	(C)		or No) 208, IF YES, WERE	FINDINGS CONSIDERED
ERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	PR CONDITIONS, if of obove couse (A) CONDITION IOSI. FICANT CONDITIONS COMEATH BUT NOT RELACED TO CAUSING IT OPERATION 198. CONDITIONS PERF	ONTRIBUTING TED TO THI T. DITION FOR V	(C)	20 A. AUTOPSY? (Yos	or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ERTIFIC	DISEASES OF THE CONTRIBUTION OF THE DISEASE OF CONTRIBUTION OF CON	PR CONDITIONS, if conditions conditions conditions conditions conditions conditions conditions conditions conditions candition causing it	ONTRIBUTING TED TO THI T. DITION FOR WORMED	C) PLACE OF INJURY (e.g., i	20 A. AUTOPSY? (Yos NO	or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
EDICAL CERTIFIC	DISEASES OF THE CONTRIBUTION OF THE DISEASE OF CONTRIBUTION OF CON	PR CONDITIONS, if of obove couse (A) condition lost. II FICANT CONDITIONS COMEATH BUT NOT RELACONDITION CAUSING IT OPERATION 1988 CONTINUES CONTI	ONTRIBUTING TED TO THI T. DITION FOR V ORMED 21B. hom etc.)	C) WHICH OPERATION PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED	20 A. AUTOPSY? (Yos NO n or obout 21 C. WHERE E lifice bidg., INJURY OCCU	or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
ICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUTED OF CONTRIB	PR CONDITIONS, if of obove couse (A) obove couse (A) CONDITION IOSI. FICANT CONDITIONS COMEATH BUT NOT RELACIONATION CAUSING IT OPERATION 19B. CONDITIONS PERFORMAN UNDERLYING CAUSE OF modical axaminor)	ONTRIBUTING TED TO THIT. T. DITION FOR V ORMED 21B. hom etc.)	YHICH OPERATION PLACE OF INJURY (e.g., i	20A. AUTOPSY? (Yos NO n or obout 21C. WHERE E lfice bldg., INJURY OCCL	or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.)	PR CONDITIONS, if of obvectors (A) condition lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION TO CAUSING IT OPERATION TO CAUSING IT WAS PERFORMED CAUSE OF modical axaminer)	ONTRIBUTING TED TO THIT. DITION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi	PLACE OF INJURY (e.g., in only only on the control of the control	20A. AUTOPSY? (Yos NO n or obout 21C. WHERE E lifice bidg., INJURY OCCU	Or No.) 20B, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? To City, give exect location)
MEDICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DEATH (notify) 21 D. TIME OF INJURY (APPROX.) 22. I certify	PR CONDITIONS, if of obove couse (A) CONDITION IOSI. FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITION CAUSING IT WAS PERFORM CAUSING CAUSE OF modical axaminari (Month) (Day) (Year)	ONTRIBUTING TED TO THI T. DITION FOR V ORMED 21B. hometc.) (Hour) 21E. Whi	PLACE OF INJURY (e.g., in o, lorm, factory, street, of injury occurred le At Not While	20A. AUTOPSY? (Yos NO n or obout 21C. WHERE E lifice bldg., INJURY OCCU	Or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location)
MEDICAL CERTIFIC	DISEASES OF THE CONTRIBUTION OF INJURY (APPROX.) DISEASE OR 19A. DATE OF 19A. DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	PR CONDITIONS, if of obove couse (A) condition lost. FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 198. CONDITIONS CO	ONTRIBUTING TED TO THI T. DITION FOR V ORMED (Hour) 21E, Whi Wor) ottended the	PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED le At	20 A. AUTOPSY? (Yos no n or obout 21 C. WHERE E lifice bidg., INJURY OCCU 21 F. HOW DI Apr. 15	or No) 20B. IF YES, WERE IN CERTIFYING CO. DID (If in Boltimo JR? D INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact locetion)
MEDICAL CERTIFIC	DISEASES OF THE CONTRIBUTION OF INJURY (APPROX.) DISEASE OR 19A. DATE OF 19A. DEATH (notily 21D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we)	PR CONDITIONS, if of obove couse (A) condition lost. FICANT CONDITION SCIENT BUT NOT RELACONDITION CAUSING IT OPERATION 198. CONTING CONDITION CONDITION COURSE CONTING CONTI	ONTRIBUTING TO THI T. DITION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi wor) attended the d alive an ed abave. ()	PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED le At Not Whith At Work the deceased from Apr. 24	20 A. AUTOPSY? (Yos no n or obout 21 C. WHERE E lifice bidg., INJURY OCCU 21 F. HOW DI Apr. 15	or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exact location)
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DIDISEASE OR 19A. DATE OF OR CONTRIBUTE OF INJURY (APPROX.) 21. A. A. C. C. DENOR CONTRIBUTE OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and	PR CONDITIONS, if of obove couse (A) condition lost. FICANT CONDITION SCIENT BUT NOT RELACONDITION CAUSING IT OPERATION 198. CONTING CONDITION CONDITION COURSE CONTING CONTI	ONTRIBUTING TED TO THI T. DITION FOR V ORMED (Hour) 21E, Whi Wor) ottended the	PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED le At Not Whith At Work the deceased from Apr. 24	20 A. AUTOPSY? (Yos NO n or obout 21 C. WHERE E lifice bldg., INJURY OCCU 21 F. HOW DI Apr. 15 19 66 a view the bady after de	or No) 20B. IF YES, WERE IN CERTIFYING CO. DID (If in Boltimo JR? D INJURY OCCUR?	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exect location) Apr. 24 19 6
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNITO THE DIDISEASE OR TO THE DIDISEASE OR TO THE OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION OF THE OTHER OF THE OF THE OTHER OF THE OTHER OF THE OTHER OF THE OTHER O	PR CONDITIONS, if of obove couse (A) condition lost. Il FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 1985 CONTING CAUSE OF modical axaminari (Manth) (Day) (Year) that (Y (this haspital) last saw the deceased from the causes state RE	ONTRIBUTING TO THI T. DITION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi wor) attended the d alive an ed abave. ()	PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED INJURY OCCURRED IN At Work At Work Apr. 24 M.D. Attr. Phy	20 A. AUTOPSY? (Yos NO n or obout 21 C. WHERE E lifice bldg., INJURY OCCU 21 F. HOW DI Apr. 15 19 66 a view the bady after de	or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exect location) Apr. 24 19 6 June 19 7 June 1
MEDICAL CERTIFIC	DISEASES OF SECTION OF THE DISEASE OF THE DEATH (notify) 21A. ACCIDEN OR CONTRIBUTION OF INJURY (APPROX.) 22. I certify that (I) (we) and haur and 23A. SIGNATU	PR CONDITIONS, if of obove couse (A) condition lost. Il FICANT CONDITIONS CONDITIONS CONDITION CAUSING IT OPERATION 1985 CONTING CAUSE OF modical axaminari (Manth) (Day) (Year) that (Y (this haspital) last saw the deceased from the causes state RE	ONTRIBUTING ONTRIBUTING TO THE T. DITION FOR V ORMED 21B. hom etc.) (Hour) 21E. Whi wor) attended the d alive an ed abave. ()	VHICH OPERATION PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED le At	20 A. AUTOPSY? (Yos NO n or obout 21 C. WHERE E lifice bidg., INJURY OCCU 21 F. HOW DI Apr. 15 19 66 oview the bady after de onding Mod. Diroctor 23 D. ADDRESS	or No) 208, IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exect location) Apr. 24. 19 6 Jinlan death accurred an the 23B DATE SIGNED 4/25/66
MEDICAL CERTIFIC	DISEASES OF TISE TO THE DISEASE OF T	PR CONDITIONS, if obove couse (A) obove couse (A) occupied to the couse (A) occupied to the couse (A) occupied to the couse of the cous	ONTRIBUTING TED TO THI T. DITION FOR V ORMED (Hour) 21E. Whi Wor d alive an ed abave. () Cycle Surgeon	VHICH OPERATION PLACE OF INJURY (e.g., i o, lorm, foctory, stroet, o) INJURY OCCURRED le At	20A. AUTOPSY? (Yos NO n or obout 21C. WHERE D liftice bldg, INJURY OCCI 21F. HOW D1 Apr. 15 19 66 oview the bady after de onding Mod. Oiroclor 23D. ADDRESS US PHS Hosp	or No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH? TO City, give exect location) Apr. 24 19 19 19 19 19 19 19 19 19 19 19 19 19

Removal 4/25/1966 Rest Haven Cemetery Local APR 26 1966 P. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

Loch Haven, Pennsylvania

CTOR

Bulfa. 17

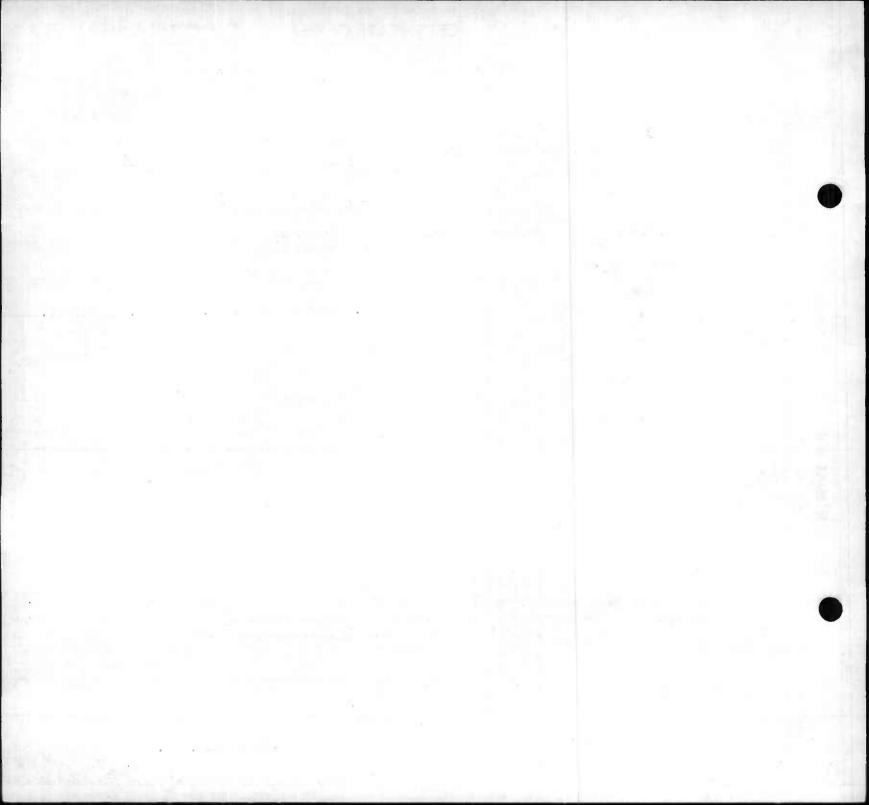
Lifner Hono north LPA. aves

7 and the state of t

IMPORTANT FUNERAL DIRECTOR:

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if deoth occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH	1 NO. 66	04255 CERTIFICA	TE OF DEATH	Registered No.	6 44255
M.E.	CASE NO.	CERTIFICA			
1.NA	ME OF DECEASED		2. DATE	AND HOUR OF DEATH	25
Пуре	Bernard	Ulman	Apr	il 25, 1966	9
3. PL	ACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (W	hero doceosed lived, If i	institution; residence before admission)
			A. STATE B. CO	UNTY	- Andrew Control
FL	JLL NAME OF (If not in hospital	or instillution, give stroet	Maryland	10	38
H	OSPITAL DR oddress or location	n)	C. CITY OR TOWN (II	outside city limits, write	RURAL and give township)
IN	3613 Springdal	la Azzania	Baltimore		
				(If rural, give location)	
1	Baltimore, Mar	ryland 21216			
			3613 Spring	dale Avenue	16
5. SE	X 6. RACE	7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Une 1 Yr., If Under 24 Hrs.
M.	-3 - LD +4	WIDOWED, DIVORCED (specify)	30/0/ /2000	lost birthdoy)	Months Doys Hours Min.
	ale White	Married	10/26/1882	83	
		108 KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stolo or f	oroign country)	12. CITIZEN OF WHAT COUNTRY?
done	during most of working life, even if retired)	Pharmaceuticals	M		WHAT COUNTRY:
		Filarmaceu cicais	Maryland		
13. F	ATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
	Isaac Ulman		Tomo	T	
			Lena	Long	
15. W	os Deceosod Ever in U.S. Armod For no orunknown)(If yes, give wor or dote	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	37		hr. D		
	No None		Mr. Bernard Ul	man, Jr. 4	15 E. Oliver St.
1	8. 331V	CAUSE O	FDEATH		ONSET AND DEATH
	DISEASE OR CONDITION DI	RECTLY	, , , , , , , , , , , , , , , , , , , ,	1	ONSET AND DEATH
	LEADING TO DEATH	(.E.	rebral HE.	marchaip	asy hours
	(This does not mean the made of	dying, e.g., DUE TD			
	heart failure, asthenia, etc. 11 means		•		
	injury or complication which coused	ebrol Arter	10000	Verrs	
	ANTECEDENT CAUSES	Cost of Pir Jep	1025/6,0217		
	DISEASES OR CONDITIONS, if	DOE TO			
	rise to the obove cause (A)				
	UNDERLYING CONDITION lost.	sloling the (C)		***************************************	
-					
7					
ATION	DTHER SIGNIFICANT CONDITIONS OF	ONIKIBUTING			
AT	DISEASE DE CONDITION CAUSING				
ERTIFIC		IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE	FINDINGS CONSIDERED
E	WAS PER	FORMED		IN CERTIFYING CA	AUSES OF DEATH?
13 Z	TA ACCIDENT WAS LINDERLYING	218. PLACE OF INJURY (e.g., in	a of about 21C WHERE DID	(If in Rollima	re City, give exact location)
7 6	TA. ACCIDENT WAS UNDERLYING DE CONTRIBUTING CAUSE OF	home, form, foctory, street, o	ffice bldg. INJURY OCCUR?	tii iii boiiiiiio	re City, give exact loconon,
CAL	DEATH (notify medical examiner)	etc.)			
0 2	21D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID I	NILIRY OCCUR?	
	OF INJURY			MJORT OCCOR.	
- (APPROX.)	While At Work At Work			
1	2 1	1) 1 1 1	906	10 50	APRIL 1966.
	2. I certify that (1) (this hospital	I) offended the deceased from		19 62 to	APRIL 1966.
1	hot (1) (we) lost sow the decease	d olive on /3 April	19 6 6 ond	that in (my) (our) op	inlon death occurred on the date
	and have and from the source sta	ted obove. (1) (We) (did) (did not) v			
1		red obove. (1) (me) (did hor) v	riew the body differ deat	п.	
2	3A. SIGNATURE				23B. DATE SIGNED
	StuT & IS	rugh M.D. Atte	ending Med. Director	Stoff Phys.	4/25/66
2	3C. PHYSICIAN'S		23D. ADDRESS	· 117 a	1100100
	NAME (Type)	0	230. ADDRESS		
		M.D.			
244	BURIAL CREMATION, 248. DATE	24C. NAME OF CEMETERY OF CRE	FAA A TORY	LOCATION (C	City, town, or county) (State)
247.	REMOVAL (Specily)	240, MAINE OF CEMETERS OF CRI	240.	. LOCATION (C	City, town, or county) (State)
	Burial 1/27/1	966 Druid Ridge Co	ametems. D	iko mui 11 a M	3
25A	DATE REC'D BY HEALTH DEPT.	.966 Druid Kidge Co	25C. FÜNERAL DIRECT	ikesville, Mo	4 ADDRESS
	ADD 26 1000 A a	C C L D 44	0./	- /	Bulber mel. 17
	WLV 00 1200 (1000)	DE LOWERE	Wm. L. Ju	chner LS	ononotte of a we
VS 1:	50-REV. 1/1/65		7	1	



Such

death.

prior

attendance

M.E. CASE NO.

1. NAME OF DECEASED (Type or Print)

FULL NAME OF HOSPITAL OR INSTITUTION

13. FATHER'S NAME

5. SEX

3. PLACE OF DEATH IN BALTIN

10A, USUAL OCCUPATION (Give

done during most of working life, even Student

JURL MCAVOY

24A. BURIAL CREMATION. 24B. REMOVAL (Specify)

Removal

VS 150-REV, 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

JOHNS

6. RACE

of death Deceased

cause

) F (2)	BALTIMORE CITY	HEALTH DEPARTMENT			1
3266 042	256	CERTIFICA	TE OF DEATH	Registered No	6 (14256	
CAVOY.	R 05	E Ann	2. DATE A	AND HOUR OF DEATH	1 5	- 00 A M.
BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (WE A. STATE B. COU		stitution: residence before o	dmission)
(If nat in hospital a oddress or locotion)		jive street		outside city limits, write R	(URAL ond give township)	
NS HOPKKNS HOSPITAL				(If rural, give location) SHINGTON STI	REET	
HITE	7. MARRIED, WIDOWED, NEVER	DIVORCED (specify)	8-27-59	9. AGE (In years lost birthday)		er 24 Hrs. Min.
N (Give kind of work life, even if retired)	10B, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fo	reign cauntry)	12. CITIZEN OF WHAT COUNTRY?	
			14. MOTHER'S MAIDEN N.	AME		
OY			BETTY VAN	1CE		
n U. S. Armed Farc s, give wor or dotes	s of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
None			Hospital Recor	rds		
1		CAUSE OF	DEATH		INTERVAL BETW	
CONDITION DIR	ECTLY	(A) PM	eumonia		2 week	20
an the mode of dying, e.g., DUE TO nio, etc. It means the disease, on which caused death.)		A. F.O.	0.41.4		1-0	
EDENT CAUSES (B) DUE TO			olic Filer		congenie	as

5. Ye	Wes Deceased Ever in U. S. s, na or unknown) (If yes, give	Armed Farces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS			
		None	320011111101	Hospital Records				
	DISEASE OR CONI LEADING T (This does not mean the heart foilure, asthenio, etc. injury or complication when the control of th	O DEATH e mode of dying, e. c. II means the disea ich caused death,) T CAUSES IONS, if any, givi ouse (A) stating I	g., DUE TO (B) Cu	plie Filirosis	interval between onset and death 2 weeks			
ERTIFICATION	OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO CAUSING IT. 198. CONDITION FO WAS PERFORMED	THE R WHICH OPERATION	NO IN CER	YES, WERE FINDINGS CONSIDERED TIFYING CAUSES OF DEATH?			
CALC	21A. ACCIDENT WAS UNI OR CONTRIBUTING CAI DEATH (notify medical exor	JSE OF	PIB. PLACE OF INJURY (e.g., nome, form, foctory, street, etc.)	in or obout 21C. WHERE DID (I office bldg., INJURY OCCUR?	f in Boltimore City, give exact location)			
MEDI	21D. TIME (Month) (D OF INJURY (APPROX.)	,	While At Work At Work		UR?			
	22. I certify that (I) (this haspital) attended the deceased fram 1966 to 1966 to 1966 that In (my) (our) apinion death accurred an the dat and haur and fram the couses stated above. (I) (We) (did) (did not) view the body ofter death.							
	23A. SIGNATURE 23C. PHYSICIAN'S	elstein	M.D. Al	Hending Med. Stoff ys. Phys. [23D. ADDRESS	238. DATE SIGNED 4/26/66			
	NAME (Type)	V WINKELST	EIN	THE JOHNS HOPKING	SHOSPITAL			

JOHNS

THE

WINKELSTEIN

966 Family Cemetery

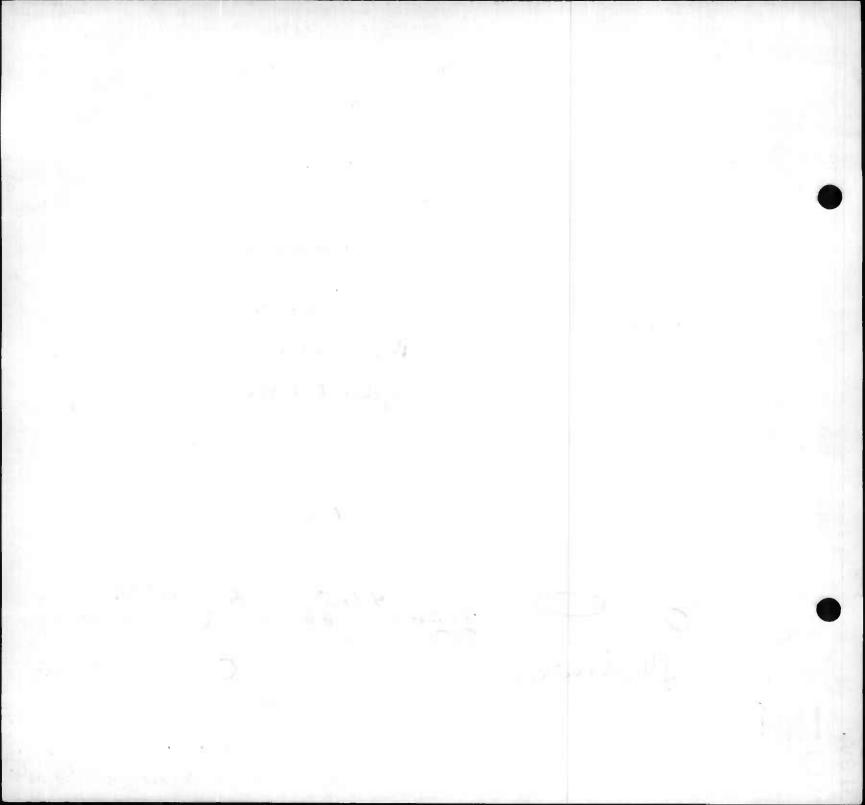
DATE

4/26/1966

24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) Onego, 25C. FUNERAL DIRECTOR

HOPKINS

HOSPITAL



6 1966

VS 150-REV. 1/1/65

8

		66 (4257 BALTIMORE CIT	Y HEALTH DEPARTMENT		CC 0495m
BIRT	H NO.	00 (CERTIFICA	TE OF DEATH	Registered Na.	66 04257
	AME OF DECEASED				AND HOUR OF DEATH	12-
(Тур	e or Print)	Ernault	R. VanDaniker	Apri	1 23. 1966	2 - PM
3. P	LACE OF DEATH IN	BALTIMORE, MAR	B. VanDaniker	4. USUAL RESIDENCE (WA. STATE B. CO.	here deceased lived. If i	nstitution: residence before admission)
1	HOSPITAL OR	(If not in haspital ar address or location)	institution, give stroot	Maryland	autside city limits, write	RURAL and give township)
1/	NSTITUTION	oion Memo	rial Hospital	Baltimore		
4-4	01	ITOII Melilo	riar nospicar		(If rural, give location)	
/ /				3601 Loch	Raven Blv	d.
5. S	M 6. RAC	W 7	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed	8. DATE OF BIRTH 2/13/1898	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
10A	USUAL OCCUPATIO		OB. KIND OF BUSINESS OR INDUSTR			12. CITIZEN OF WHAT COUNTRY?
	tired-Chi		B & O RR	Baltimore,	Md.	U.S.A.
13.	FATHERS NAME			14. MOTHER'S MAIDEN N		O S D S A S
Le	on R. Van	Daniker		L. Given		
	Was Deceased Ever in	U. S. Anned Force	s? 16. SOCIAL	17. INFORMANT		ADDRESS
(Yes	, no or unknown) (If yes	, give wor or dotes	of service) SECURITY .			
	No			Miss Margar	et Anne Va	
	18. 420.1	1		OF DEATH		ONSET AND DEATH
		CONDITION DIRE	lying, e.g., SAC	ute Myocardin	Methortin	N Suddan.
	(This does not me	on the mode of	lying, e.g.,	AIC /MI/OCHNICAIN	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 sugario
	heart failure, asther		he disease,	41	2.0.1	11
		EDENT CAUSES	S TIBLE OF	RONARY Thi	Kombo SIS	4 4 4 2 5 -
	DISEASES OR CO	NDITIONS, if or				
	rise to the obo	ve couse (A)	stoting the	eriosclerosis	-CORONARY	40(1884
	UNDERLYING CON	IDITION lost.	# 50 m		/	7
z	OTHER SIGNIFICAN	II CONDITIONS CO	NTRIBUTING ED TO THE			11.5
은	TO THE DEATH DISEASE OR COND	BUT NOT RELAT	ED TO THE 3			
FICA	19A. DATE OF OPERA		TION FOR WHICH OPERATION	20 A. AUTORSY? (Yes or	No) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
ERTIFI	0			400	CERTITIO CA	OJEJ OF DEATH.
AL C	21 A. ACCIDENT WA OR CONTRIBUTING [DEATH (notify modice	CAUSE OF	21B. PLACE OF INJURY (a.g., hame, form, factory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Baltima	re City, give exact location)
		h) (Day) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID I	NJURY OCCUR?	
×	OF INJURY (APPROX.)		While At Not Wh	ile		
		13 /.1	Work L At Work	0.10	106-	4/12/1
			attended the deceased from	31.//		7/2/51966,
	that (I) (me)-last s					inian death accurred an the date
		the causes state	d abayes (1) (We) (did) (did not)	view the bady after deat	h•	
	23A. SIGNATURE	Mhory 7	F Carry Sam. D. AT	tending Med.	Stoff Phys.	4-25-66
	23C. PHYSICIAN'S NAME (Typo)	7	10	23D. ADDRESS		4 404 /
	TAME (Typu)	Anthon	y F. Carozza M.O	5217 York R	load P	10 to Mid 21219
24A	BURIAL CREMATIO		24C. NAME of CEMETERY or CI		LOCATION (C	ity, town, ar county) (State)
	REMOVAL (Specify)		66 Dulan arrivalla-	Mom Conda	limaniam D	olto do Ma
	. DATE REC'D BY HE		66 Dulaney Valley	25C. FUNERAL DIRECT		alto Co Md.
1	APR 26 1	966 00	- C Fr. Owner	H.W.Jenkins	& Sons Co	. 4905 York Rd.

Co. 4905 Yorl

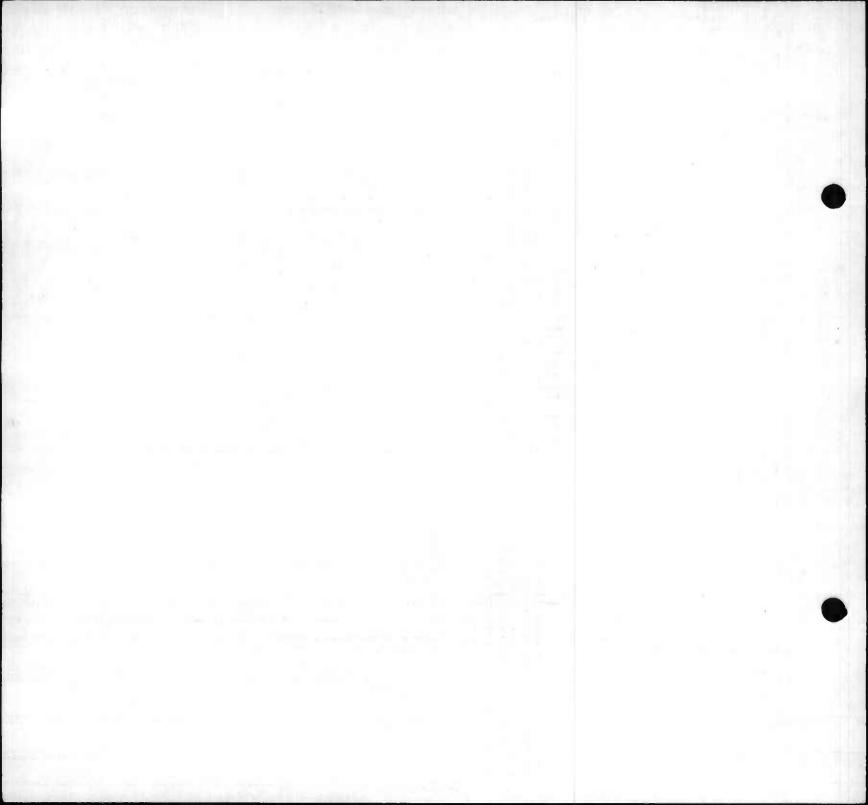
the literate of the mountains

•

. . .

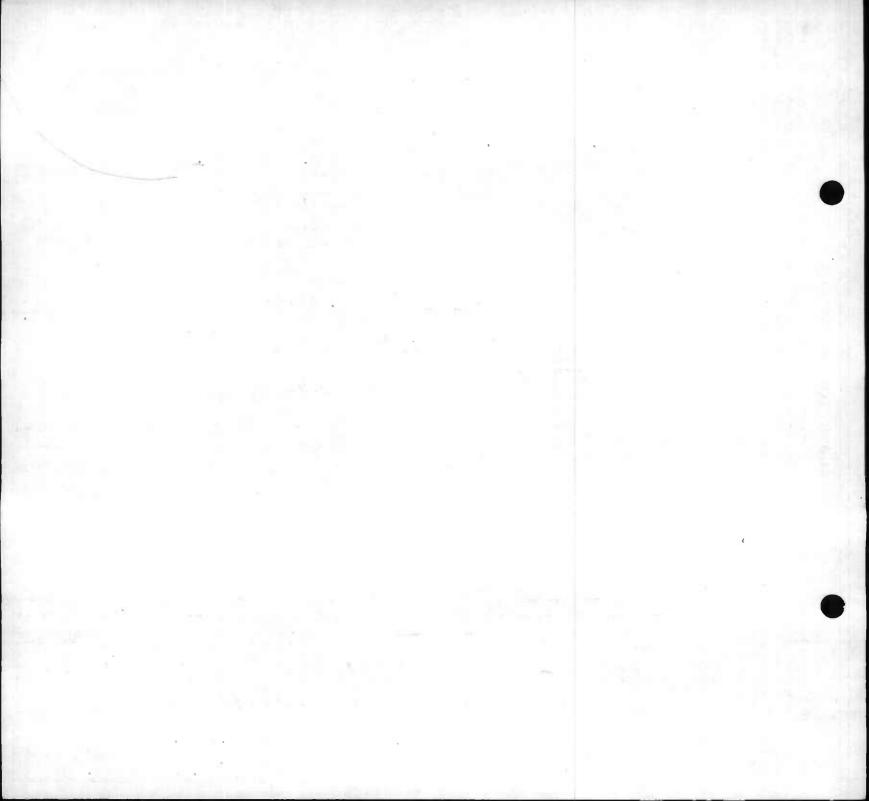
ANT	a direct or of of the direct or of or of the of the of the december of the december of the december of the
IMPORT	Also, if the street of any kine of any kine of any kine of any kine of attendance attendance attendance of the street of the str
FUNERAL DIRECTOR: IMPORTANT	tificate must be approved by the chief medical examiner or his assistant if death by was released to the hospital by a medical examiner. Also, if the direct or (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Under O.A. at a hospital (except where the physician who pronounced death was in ed prior to death); and (6) No physician was in regular attendance on the decapproval must be obtained before the remains are embalmed or final disposition
	tificate must be approby was released to the (1) An accident of any (2).A. at a hospital (excad prior to death); and approval must be obto

2.6.1		00 1	14056	BALTIMORE CITY	HEALTH DEPARTMENT			
2005	BIRTH NO.	66	14258	CERTIFICA	TE OF DEATH	Registered No	8 44258	
and ased the the	M.E. CASE NO.	CEASED			2. DATE AND HOUR OF DEATH			
	(Type or Print)	William A.	Getterman		A	pril 23,1966	9:50 P.M.	м.
of Obec ath.	3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND			hero deceased lived. If	institution: residence before adm	
0 0 0 0	FULL NAME	OF (If not in hospitot	or institution, give sh	reet	Maryland	d	101	
Se;	HOSPITAL OF	oddress or location			c. city or town (IF a Baltimore	outside city limits, write	RURAL and give township)	
	Gould Convalesarium				D. STREET ADDRESS	If rural, give location)		
ting d cat r att prior					2713 Berwi	ck Ave.		
	5. sex Male	6. RACE White	7. MARRIED, NEVE WIDOWED, DIVE WIDOWED	ORCED (specify)	Nov. 11, 1869	9. AGE (In years lost birthday) 96	Months Doys Hours	24 Hrs. Min.
re re si r			108. KIND OF BUSIN	IESS OR INDUSTRY	11. BIRTHPLACE (State or fo		12. CITIZEN OF	
- Prie	Painter				Maryland		U.S.A.	
if deect of the was the the the positions	13. FATHERS NA				4. MOTHER'S MAIDEN N	AME		
S	Louis	A. Getterman			Marie E.	Gerhold		
istant the di kind; death ce on nal di	15. Was Decease	d Ever in U. S. Armed For	rces? 16. SC	CURITY NO.	7. INFORMANT	_	ADDRESS	
if the dii ny kind; nd death lance on r final di	No	, , , , , , , , , , , , , , , , , , , ,	3,		John Getterman	6155 Dunrom	ing Road	
any ced ndar	1B. / =	/ /		CAUSE OF	DEATH		INTERVAL BETWEE	
Also, is of an ounce attend	DISE	ASE OR CONDITION DI	RECTLY	,	1		ONSET AND DEAT	TH
Also, ee of a nounce aften med c		LEADING TO DEATH		(A) Hej	ratic Carci	nome	? 23)'s 23 yr	
		nat mean the mode of , asthenia, etc. It means		DUE TO F		1		
aminer. A fractu	injuly at co	mplication which caused	death.)	(0)	endial A	terinsclam	23 110	<
E.E.T. O. O.		ANTECEDENT CAUSES		DUE TO	C/11/13401 / 11	1000000	4/3 23 7	
		OR CONDITIONS, if						
T e C E : S		he above cause (A) IG CONDITION last.	stating the	(C)			000 000	
dical ical rns; sicia vas nain		11						
0 70 5 5	O THE SIGN	VIFICANT CONDITIONS CODEATH BUT NOT RELA	ONTRIBUTING					
me me y bu phy ian e re		CONDITION CAUSING	IT		T20.4	N N 000 15 115		
by a r 2) Body re the physici	A DATE C	F OPERATION 198. CON	FORMED	OPERATION	ZUA. AUTOPSY? (Tos of	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?	
the cl by (2) B ere tl phy sfore	II O IZIA, ACCID	ENT WAS UNDERLYING	21B. PLAC	E OF INJURY (e.g., in	or about 21 C. WHERE DID	(If in Boltime	ore City, give exact location)	
	OR CONTRI	SUTING CAUSE OF y modical examiner	home, form	n, factory, street, off	or about 21 C. WHERE DID ce bldg., INJURY OCCUR?		,, ,	
77 0:	□ 21D. TIME	(Month) (Day) (Year)	(Hour) 21E, tNJU	RY OCCURRED	21F, HOW DID II	NJURY OCCUR?		
hospi nature ept w d (6) r	S OF INJURY		While At	Not While				
he hos ny natu xcept and (6	22 1 000016	y that (1) (this hespite			4-1-	19≥3 to	4- 22 - 19	6.6
0 + E 0 0) last saw the decease	11	- 22 -				
of of of the part				*************			olnian death accurred an th	e date
t be a sed to ant of spital eath)	23A. SIGNAT		ted above. (I) (#e)	(did) (did ha t) vi	ew the bady after death	1.	DATE MONED	
S O O E	30.300	11/1	<i>x</i>	M.D. Atter	ding Med.	Stoff	23 B. DATE SIGNED	
E + C - E	000	cum C. u	aug	Phys	Director	Phys.	4-25-66	
was r An a a prior	23C.PHYSICI NAME	Type Milton C.	Lang	M.D.	2117 Bela	air Road		
>0	24A. BURIAL CR	EMATION, 24B. DATE	24C. NAME of	CEMETERY OF CREE			City, town, or county) (S	tote)
This certif the body shows: (1) was D.O.A deceased written ap	Burial	4.27/66	Tomas	sino Comata	TEL -	adless Wa		
This ce the books: was D. deceas		D BY HEALTH DEPT.	25B. NAME OF REG	Rine Cemete	25C. FUNERAL DIRECTO	odlawn, Md.	ADDRESS	
This the show was decement	ADD	26 1966 120	B. E. Farle	Molh	Ullrich Fime	eral Home 42	10 Belair Road	
	VS 150-REV. 1/1		The Contraction			2000 200	- a cantal attack	



is not so the state of the *†*) / Such

		00 41	000	BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH I	١٥.	66 04	200	CERTIFICA	TE OF DEATH	Registered No.	((((((((((((((((((((
	ASE NO.	FD				D HOUR OF DEATH	do 1. 40.00
(Type o			TALL T	Lson			
3. Pl. A	CF OF DEATH	OSCAP		LBOIL	HADI'L	L 23, 1966	stitution: residence before admission
0		THE OTHER PROPERTY.	MICAND		A. STATE B. COUN	TY T	3 A C
	NAME OF	(If not in haspital		give street	Maryland		1-00
	PITAL OR	address ar lacatio	n)		Maryland c. city or town (If out	side city limits, write R	(URAL ond give township)
					Baltimore		
	92	26 E. Nor	th Ave		D. STREET ADDRESS (If	rural, give location)	
0					926 E. Nort	th Ave.	
5. SEX	6.1	RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Months Days Haurs Min.
Billion T	1 7	Negro	WIDOWEI	o, DIVORCED (specify)		last birthdoy)	Months Days Hours Min.
Ma.				BUSINESS OR INDUSTRY	June 27, 1884	en country)	12. CITIZEN OF
		ing lite, even if retired)					WHAT COUNTRY?
T	ruck Di	river			Virginia 14. MOTHER'S MAIDEN NAM		
3. FAT	HERS NAME				14. MOTHER'S MAIDEN NA	ME	
D	an iemin	n Willan	•		Sidney Hick:	inhottom	
5. Was	Deceased Eve	n Wilson er in U. S. Armed For yes, give war ar date	rces?	1 6. SOCIAL	17. INFORMANT	F 1700 0 0 0 0 111	ADDRESS
Yes, no	or unknown) (If	yes, give war ar date	es of service)	SECURITY NO.			
	No		4	215-10-3649	Mrs. Caroly	n McCamey	2312 Allendale
1B.	420.	0		CAUSE O	F DEATH		INTERVAL BETWEENIG
		OR CONDITION DI	RECTLY	(1			ONSET AND DEATH
	LEA	ADING TO DEATH		(A) Clrle	reasclute Her	art Direcon	
		mean the made of henia, etc. It means					1
		alian which caused		0.	teripselen		
	ANI	ECEDENT CAUSES		(B)	llriptlesse	7	***************************************
DI	SEASES OF	CONDITIONS, if	nav sivias	DUE TO			
ris	B Ia The	bave cause (A)	stating the	(C)			
UN	DERLYING C	ONDITION last.		000000000000000000000000000000000000000	***************************************	00000000000000000000000000000000000000	
		11 ==					
	HER SIGNIFIC	ANT CONDITIONS	ONTRIBUTIN	G 97 /	2 '. 1		
= 10	SEASE OR CO	H BUT NOT RELA	ATED TO TH	Lyclone	phritis, an	linea	
H 19A	DATE OF OP	ERATION 198. CON			20A. AUTOPSY? (Yes ar Na	10 208. IF YES, WERE F	INDINGS CONSIDERED
SATIFIC 194		WAS FER	FORMED			IN CERIFFING CAL	JSES OF DEATH?
U 21 A	. ACCIDENT	WAS UNDERLYING	218	PLACE OF INJURY (e.g., i	ar obaut 21C. WHERE DID	(If in Baltimore	City, give exact location)
A DE	ATH (notify me	dicol exominer	etc.		fice bldg., INJURY OCCUR?		
0 210	D. TIME (M	(Day) (Year)	(Haus) 21 F	INJURY OCCURRED	21F. HOW DID INJ	ILBY OCCILE?	
₩ OF	INJURY	(-0)				DRI OCCOR:	
(A)	PROX.)		Wa				
22.	I certify the	t (I) (this hospita	l) attended t	he deceased from	Ochober 1	1965 to a1	1966
the	t (1) (ww) los	t sow the deceose	d olive on	april 1		at in (my) (see) anir	nian death accurred on the dat
1				V		or many, apri	non death accorred on the gol
	. SIGNATURE	om the causes sta	ted above. (I) (me) (did) (d id not) v	iew the bady after death.		
234	SIGNATORE	-	110	44 D A44	nding — Adad —	24-45	23B. DATE SIGNED
	11	ice 1.6	12 Caso	M.D. Atte	ending Med. Director	Phys.	4/26/66
230	NAME (Type)				23D. ADDRESS		
	1	sse T.	1-/1/10	M.D.	508 E.NO	RTh AVE.	- BAITA MIL
24A. BL	JRIAL CREMA		24C. N	AME of CEMETERY OF CRE			y, town, at county) (State)
RE	MOVAL (Spec	ify)	240.147				7, 10 411, 01 00 011177 (31018)
Bu	rial	4/27/6	6 Ar	butus Mem.	Park Ba	lto., Md.	
	ATE REC'D BY	HEALTH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
A	FR 281	966 00 0	+ 8 Fa	Over 19 1	Wm C March	928 E. No	orth Ave.
/\$ 150-	PFV 1/1/65		the state of the s		1 1111 0 1111	3 ~ 0 and 110	



Burial

VS 150-REV. 1/1/65

4/27/ DEPT.

Such

prior to death.

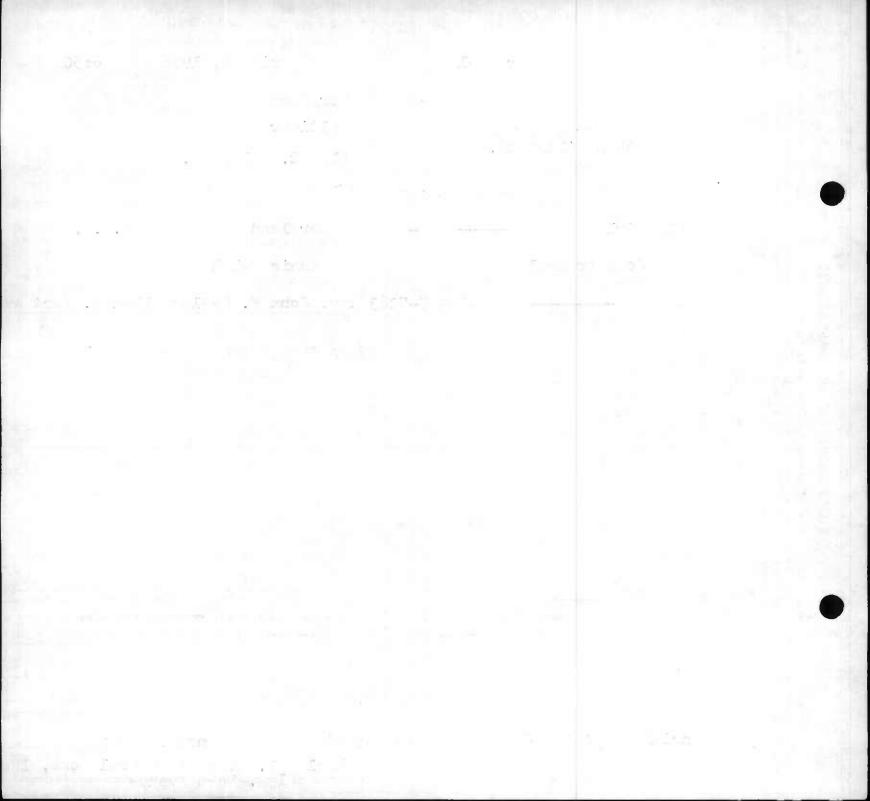
		BALTIMORE CI	TY HEALTH DEPARTMENT	
BIRTH NO.	66 0	4261 CERTIFIC	ATE OF DEATH Registered No.	5-04261
M.E. CASE NO.	CEASED		2. DATE AND HOUR OF DEATH	
(Type or Print)	Helen	Dressel	April 24, 1960	
3. PLACE OF D	EATH IN BALTIMORE, MAR		4. USUAL RESIDENCE (Where deceased lived, If in	
FULL NAME		r institution, give street	A. STATE B. COUNTY Maryland	20-00
HOSPITAL OR			C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
20	Ashburton	/	Baltimore	
0	3520 Hilto	n Rd.	D. STREET ADDRESS (If rurol, give locotion) 519 Mt. Holly St.	
5. SEX	6. RACE	MARRIED, NEVER MARRIED	D DATE OF DIPTH	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F	W	Never Married	6/18/1898 lost birth 87	Months Doys Hours Min.
IOA, USUAL OC	CUPATION (Give kind of work)	10B, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most o	of working life, even if retired)			WHAT COUNTRY?
	sgirl		Maryland	U.S.A.
13. FATHER'S NA			14. MOTHER'S MAIDEN NAME	
	John Dresse		Annie Walsh	
15. Was Decease (Yes, no or unknow	d Ever in U. S. Armed Force	of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		- 216-07-73	83 Rev. John F. McGlone	e 1532 E. Fort A
18. 3	2 D V I		OF DEATH	INTERVAL BETWEEN
DISEA	ASE OR CONDITION DIRE	CTLY		ONSET AND DEATH
	LEADING TO DEATH	(A) Ce	rebral thrombosis	Iweek
	not mean the made of e, asthenia, etc. It means	dying, e.g., DUE TO	# 00-00-00 to the # white the # to the first of the the first o	DO GO
injury or co	implication which caused	death.)		
	ANTECEDENT CAUSES	(B)		***************************************
DISEASES	OR CONDITIONS, if a			
rise to t	he above cause (A)			
UNDERLYIN	IG CONDITION last.			
7	11			
OTHER SIGN	NIFICANT CONDITIONS CO DEATH BUT NOT RELAT	ONTRIBUTING CED TO THE		
DISEASE OF	R CONDITION CAUSING IT.		I DO A	
19A. DATE O	WAS PERFO	ITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
210 ACCID	ENT WAS UNDERLYING	218 81 4 65 05 4111189/		
OR CONTRIE	BUTING CAUSE OF fy medicol exominer)	home, form, foctory, street,	office bldg., INJURY OCCUR?	e City, give exact facation!
□ 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY		While At Not W	hife	
TAPPROX.		Work L At Wo	rk U	
22. i certif	y that (1) (this hospita l)	ottended the deceased fram	Dec 6 1963 to 17	pril 24 1966.
that (1) (we) lost sow the deceased	alive on April 2	3ond that in(my) (oor) opi	nian death occurred on the date
and hour or	nd from the couses state	d obove. (1) (We) (did) (did not)	/	
23A. SIGNAT				23B, DATE SIGNED
1	1 1 8		stending Med. Stoff	A. 1.1 1966
23C. PHYSICI	AN'S	17 www	hys. Director Phys.	NPril -0,1
NAME !			23D. ADDRESS	11. 1.
HB.	RAHAM B. H	URWITZ M.	1501 Liberty Road, B	altimore, Mol
24A. BURTAL CR REMOVAL		24C. NAME of CEMETERY OF C	CREMATORY 24D. LOCATION (C	ity, town, or county) (State)

24D. LOCATION Cemetery Baltimpre, Maryland

25C. FUNERAL DIRECTOR
Charles L. Stevens Funeral Home,

1501 E. Fort Avenue 66 66 New Cathedral

INC



chief medical examiner

I in a hospital and ing cause of death cause; (5) Deceased

contributing

death

etermined

(4) Und MOS the

any

regular

death LO

pronounced

who

physician

the 0

where

(except

(2) Body

to the hospital

the body was released shows: (1) An accident o

any nature;

attendance

regular

E

Was

physician

°

9

pub :

death) hospital An accident of

0

0 prior

ŧ

D.O.A.

Was

the Such

0

attendance

death.

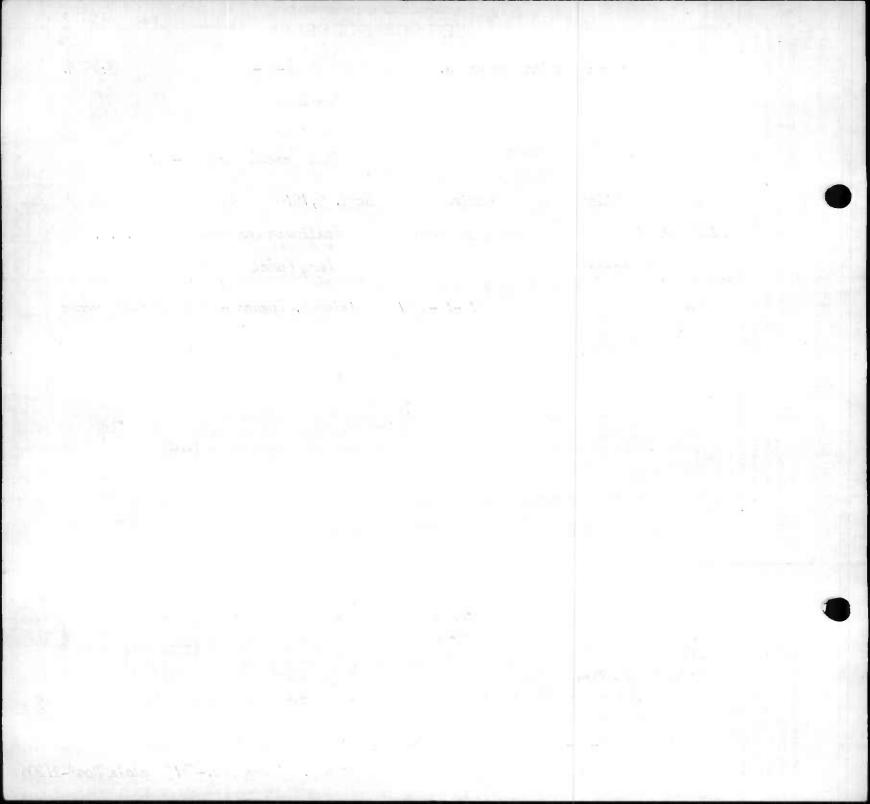
0

prior

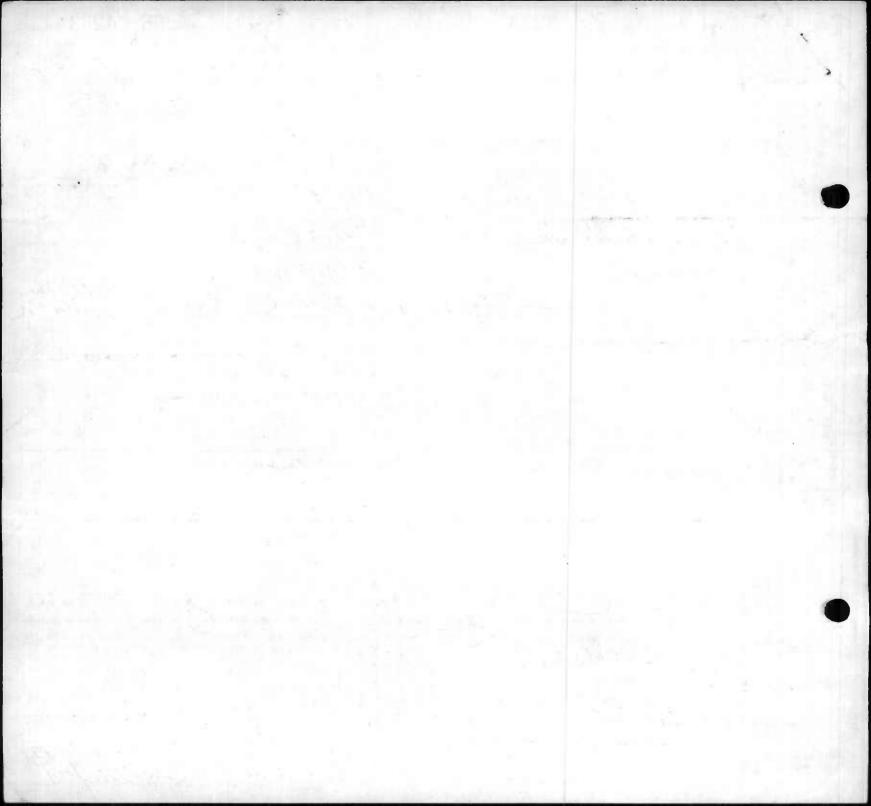
deceased

BALTIMORE CITY HEALTH DEPARTMENT 66 04262 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) Raymond Walter Turner Sr. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence A. STATE B. COUNTY before admission) Maruland FULL NAME OF (II ngt in hospital or institution, give street HOSPITAL OR C. CITY OR TOWN (Il autside city limits, write RURAL and give township) D. STREET ADDRESS (If rural, give location) 5502 (edella Avenue 5502 (edella Avenue - 21206 made 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 6. RACE B. DATE OF BIRTH Il Under 1 Yr. Months: Doys II Under 24 Hrs. last birthday WIDOWED, DIVORCED (specify) Male 49 9 disposition is 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Mill Wright Bethlehem Steel U.S.A. Baltimore Maryland 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Walter Turner Mary (adel 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS or final (Yes, no or unknown) (II yes, give wor or dates at service) SECURITY NO. Miriam E. Turner - 5502 (edella Avenue No ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the the remains UNDERLYING CONDITION last, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, lorm, loctory, street, alfice bldg., INJURY OCCUR? (II in Baltimare City, give exact location) DEATH (notily medical examined MEDI obtained (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) Igst saw the deceased alive an and that in (my) (we) apinion death accurred an the date and haur and from the causes stated abave. (1) (We) (did.) (did nat) view the bady after death. must MONATUR 23B, DATE SIGNED Attending Phys. Med. Stoll M.D. approval 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type Keat M.D. deceased p 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY 24B, DATE REMOVAL (Specily) Dulaney Valley Memorial Baltimore Maryland 256. FUNERAL DIRECTOR

John (. Miller Inc.-6415 Belair Road-21206 VS 150-REV, 1/1/65



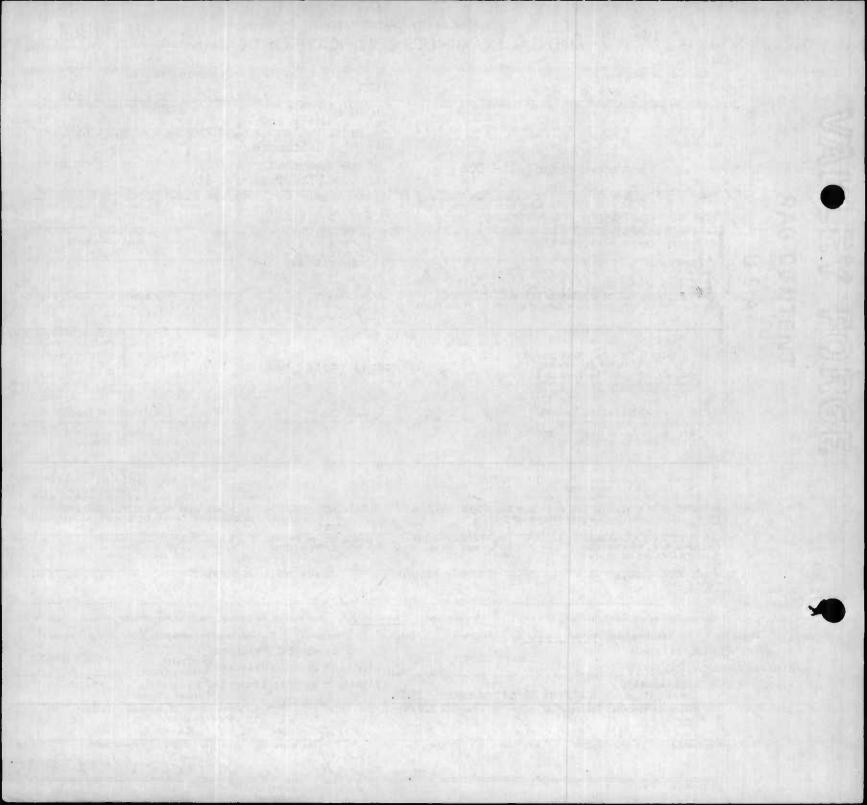
	4.550	BALTIMORE CITY	HEALTH DEPARTMENT		000
11	RTH NO. 1.E. CASE NO. 66 (14263)	CERTIFICA	TE OF DEATH	Registered Na.	66 04263
1.	NAME OF DECEASED		2. DATE	AND HOUR OF DEATH	-
(ype or Printichavles St.	7	119/66	5:56 Am.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	PLACE OF DEATH IN BALTIMORE, MARYLAND			nstitution; residence before admission)
	FULL NAME OF (II not in hospital or institut	Mary fan		1000	
	HOSPITAL OR oddress or location)	HOSPITAL OR oddress or location) (NSTITUTION			RURAL ond give township)
	1 //				5300
W	Litheran Hospi	D. STREET ADDRESS	(If rural, give location)		
	0		4811 -	Camp Freld	Rd,
5.		RIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	ha i la	OWED, DIVORCED (specify)	10/11/80	lost birthday)	Williams Doys Hours Williams
11	DA. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHPYACE (Stote or fe	oreign country)	12. CITIZEN OF
d	one turing most of working life, evenif retired)		Barn	mo	WHAT COUNTRY?
V ₁	3. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME	
			An - 1- 10	/	
	DEORGE		MUVIEW	AMERS	Charles
	5. Was Deceased Ever in U. S. Armed Forces? (es,no or unknown) (II yes, give wor or dotes of serv	ice) SECURITY NO.	17. INFORMANT	augo	by Just true
		218-32-2244	A. Mewa	6811	Countyfuld Ra
	18. 4.42 X X 177 X	CAUSE C	F DEATH		INTER AL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
	LEADING TO DEATH	e.g., DUE TO	REMIA	*****************************	
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the disc	eose,			
1	injury or camplication which coused death.)	A	teriolar nephro	r. 10 . 65 . r . m	1
	ANTECEDENT CAUSES	DUE TO	10 100 100 1100	-J-Cl-V	
	DISEASES OR CONDITIONS, if ony, gi				
	rise to the obove couse (A) stoting UNDERLYING CONDITION tost.	The (C)			
	11	£ 1.	110 100 11		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO	UTING Congesti	prostata	ure	
11	DISEASE OR CONDITION CAUSING II.	Ca of	Prostata		
	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED		20A. AUTOPSY? IYes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED
			1/10		
- 11	OR CONTRIBUTING CAUSE OF	home, form, foctory, street, o	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Bottimor	e City, give exact location)
	DEATH (notify medical examiner)	etc.)			
	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
	(APPROX)	While At Not Whi			
	22. I certify that (I) (this haspital) attend	led the deceased from A	pril 17.	19 66 to A-10	enil 19 19 66.
	that (1) (we) lost saw the deceased alive	1 . /	1 2 2		Inian deoth occurred an the date
					mun decin occurred an ine date
	and hour and from the couses stated abay	/e. (T) (me) (did/ (ara-not)	view the bady after death	h.	23 B. DATE SIGNED
	hobot Blackon	M.D. Alt	ending Med. Director	Stoff A	1/10/11
	CO.C. BUNCLOLANDO	7/19/69			
	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	12 . 1 . 1	/ /
	property. 15/A	ekmon M.D.	Lutherah	lospital	
(2	REMOVA (Incity)	C. NAME OF CEMETERY OF CR	ENATORY 24D.	LOGATION	ity, town, or county) (Stote)
4	Mitthau 4/2 /66	Houdon !	EL IX	Dalle n	ud
12	SA. DATE REC'D BY HEALTH DEPT. 258. NA	ME OF REGISTRAR	250 FUNERAL PINECT	OR	MODRESS RA
	APR 26 1966 P. C. 6 &	, Starber MA	Mille	мани	scot Harbort
V	\$ 150-REV. 1/1/65				



BALTIMORE CITY HEALTH DEPAR	TAMENIT

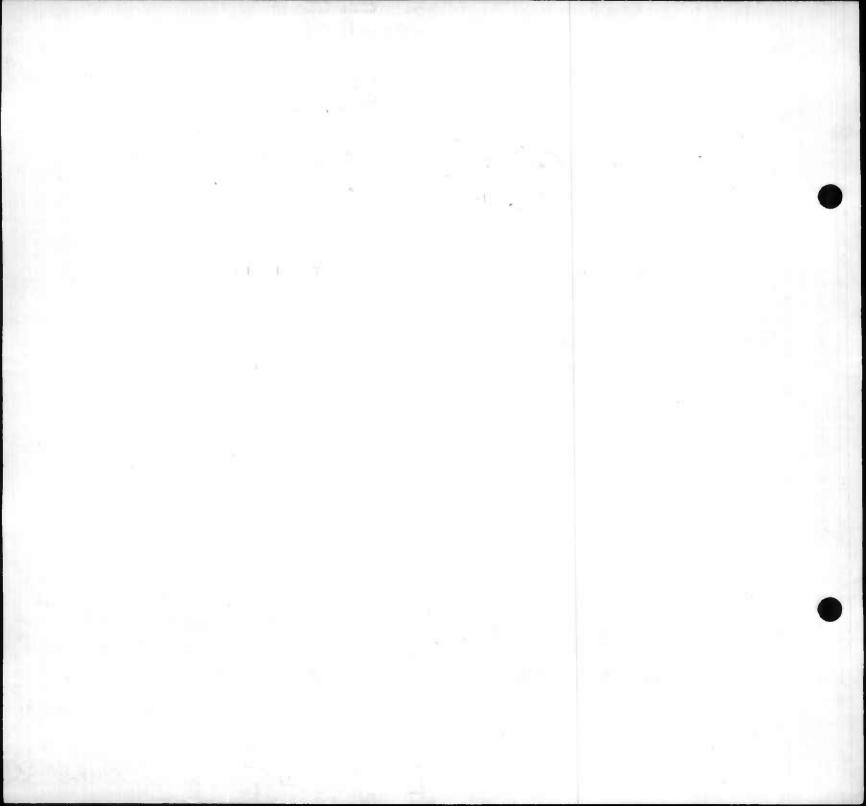
oc navad CC NADRA

BIRTH NO. 45	14318 MED	ICAL EXAMINER'S C	ERTIFICATE OF DEATH Registere	d No.
M.E. CASE NO.	CEASED		2. DATE AND HOUR PRONOUNCED	DEAD
(Type or Print)		T	2. DATE AND HOUR PRONOUNCED	DEAD
2 DIACE IN BAI	MARIO HAL	HERE PRONOUNCED DEAD	April 20, 1966	10:30 Am.
S. PLACE IN BAL	THOUSE, MARIEAND, W	THERE PRONOUNCED DEAD	A. STATE B. COUN	TY residence before damission/
FULL NAME OF	(IF NOT IN HOSPIT	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If outside corporate limits, write R	IIPAI and give township)
HOSPITAL OR	ADDRESS OR LOCA	A IION)	Baltimore	OKAL ONG GIVE IOWISHIP
6			10	700
	Lutheran Hos	pital - DOA	D. STREET ADDRESS (If rurol, give location)	
			2728 Prospect St.	
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Days: Hours, Min.
Male	Negro	Never marned	6/30/15	10
			Y11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
done during most of	working life, even if retired)		Mariland	WHAT COUNTRY?
13. FATHER'S NA	ME	1 11 6.6	14. MOTHER'S MAIDEN NAME	03/1
MIN	1100 11/1/1	Vinu Hall	0 1/4	
E DECEAS	ED EVER IN HE ARME	FORCES? 116. SOCIAL	moyene	ADDRESS
	ED EVER IN U.S. ARMEI			LDDKESS
			James WHall 2728	Maconels
18.		CAUSI	OF DEATH	INTERVAL BETWEEN
100000000000000000000000000000000000000	1			ONSET AND DEATH
DISEA	ASE OR CONDITION DE LEADING TO DEATH	RECTLY Rilat	eral otitis media	
(This does	not mean the mode of	dying, e.g., DUE TO	orar orieto meara	
injury or co	e, osthenio, etc. It meon: omplication which coused	deoth.)		
	ANYECENIDENY CALIC	r.c		
	OR CONDITIONS, IF	(R)	***************************************	
RISE TO TI	HE ABOVE CAUSE (A) S			
	ING CONDITION LAST.	(C)		
OTHER SIG	li li			
OTHER SIG	SNIFICANT CONDITIONS	CONTRIBUTING		
DISEASE	DEATH BUT NOT RE			
F		NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FIND	INGS CONSIDERED
2		RFORMED	IN CERTIFYING CAUSES	
ZIA EXTERNA	AL CAUSE WAS	218 PLACE OF INITIRY (a.c.	yes yes	hund Innation)
UNDERLYING	OR CONTRIB-	home, form, foctory, street,	office bldg. INJURY OCCUR?	exoct locollon/
iii	USE OF DEATH.	etc.)		
21 D TIME OF INJURY	(Month) (Doy) (Yea	r) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX.)		m. WHILE AT NOT AT W	WHILE	
22.				
	rtify that I held an	Inquiry Inspection Au	topsy XX and that an this basis, death in my	apinian
resu	Ited from: Natural ca	uses X Accident 7 Sulcid	le 🗌 Hamicide 🔲 Undetermined manner	
	1/1/	To D //	CHIEF MEDICAL EXAMINER	
ACTUA		Miller less.	ASSISTANT MEDICAL EXAMINER &	DATE SIGNED
SIGNA		M.D	•	4-20-66
NAME	NER'S Rudige	r Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER	4-20-00
23A, BURIAL CR		/ 23C. NAME of CEMETERY	OF CREMATORY _ / 23D. LOCATION (City, to	own, or county) (State)
REMOVAL (Speci		11.	14 7 Colory, 16	la de County
Du	was 1/23	166 / Dalter	nine latternet 150 / River	e my
24A. DATE REC'E	BY HEALTH DEPT.	248. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR	ADDRESS
ADD	07 1000 0	0 7 0	Charle Cale	66161 Bess
API	6 1300 (1) 0.	it E stool houlton	nulles letter	60100 10000
VS 151-REV. 1/1	/65			



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and of the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the FUNERAL DIRECTOR: IMPORTANT

400	BALTIMORE CIT	TY HEALTH DEPARTMENT		
BIRTH NO. 66 ()426"	CERTIFICA	ATE OF DEATH	Registered Na.	CC 04905
I, NAME OF DECEASED		2. DATE AN	ID/HOUR OF/DEATH	00 114700
(Type of Piai)	/	4	119/66	8.40+
3. PHATE OF DEATH IN BALTIMORE, MARYCAND		4. USUAL RESIDENCE (WHO	re doceased lived. If in	stitution: residence boforo admission)
FULL NAME OF (If not in hospital or institution, HOSPITAL OR address or location)	, give street	MARYLAND		04/-/1
INSTITUTION		E. CITY OF TOWN, (II BUT	tsido city limits, write	RURAL and give township!
	1,	D. STREET ADDRESS (III	unal give locations	7
Johns Hopkins	HOSDI	196, 9	Crwood	luc
S. SEX 6. RACE 7. MARRIER WIDOW	D. NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years last birthdby)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND		RY 11. BIRTHPLICE State or fore	ign country!	12. CITIZEN OF
dane during most of working life, even if retired)				WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
Joseph Green		MARY GRIFE	FIN	
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	•	ADDRESS
(Yes, no arunknown) (If yes, give war or dates at service)	SECURITY NO.			
18	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			1-1-	ONSET AND DEATH
LEADING TO DEATH	(AI)	ever Cusoni	e OBSTRUM	lia 15 yrs
(This does not mean the made of dying, e.g heart failure, asthenia, etc. It means the discoso	e, DUE TO	Evere Chroni Luz Diseani		0
injury or complication which caused deeth.) ANTECEDENT CAUSES		0		
DISEASES OR CONDITIONS, if any, givin	DUE TO			
rise to the above couse (A) sloting th	*			
UNDERLYING CONDITION Iosi.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTII	NG			
TO THE SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T				
19A. DATE OF OPERATION 19B. CONDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No	20B. IF YES, WERE	
ez O		No		
OR CONTRIBUTING CAUSE OF he	IB PLACE OF INJURY (e.g. ome, form, foctory, street, c.1	office bldg., INJURY OCCUR?	(II in Baltimare	e City, give exact location)
0	E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
S OF INJURY	/hile At Not W	hile —		
	/ark ☐ At Wa	11/2		4/10 16
22. I certify that (I) (this haspital) altended	41.0		19 66 10	19 60
that (I) (we) last saw the deceased alive an	0/0		of in (my) (out) apr	nian death accurred an the dat
and haur and fram the causes stated abave.	(I) (We) (did) (did nat)	view the bady after death.		23B. DATE STONED
\$ 6	M.D. A	ttending Med.	Stoff 7	4/10/11
23C. PHYSICIAN'S) P	hys. Director 23D. ADDRESS	Phys. 2	1719/06
NAME (Type	DAD MI	21 11.1	Dina Has	ath Rolling M
24A. BURIAL CREMATION, 24B. DATE 24C.1	NAME OF CEMETERY OF C	LONNO HOUSE	OCATION (ity, town, or county) (State)
REMOVAL (Specify)	of hule		980 L	and
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECTOR	Jan rungi	ADDRESS
01:0 01:1000 0/	Farbey M. M.	- Charle	say	exeller Sarr
VS 150-REV 1/1/65	A ANGELON SERVICE	- Marie Control	-/(



VS 150-REV. 1/1/65

Such

prior to death.

a hospital and

	BALTIMORE CITY HEALTH DEPARTMENT					
		H NO. 66 14288	CERTIFICA	TE OF DEATH	Registered Na.	1:4758
	1. N	. CASE NO. AME OF DECEASED		2. DATE AN	D HOUR OF DEATH	A COUNTY
	THOMAS J. REILLY				23, 1966	8:25P W
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. Il ins	titution: residence belare admission)
	FULL NAME OF (If not in hospital or institution, give street			MARYLAND	7	1
	1	OSPITAL OR oddress or location)	on, give sheet	C. CITY OR TOWN (If outside city limits, write RURAL and give township)		
1	17	ST. AGNES HOSPITAL		BALTIMORE		
7	0	WILKENS & CATON AVEN	NUE	D. STREET ADDRESS (If rurol, give location)		
Ď	BALTIMORE, MARYLAND			3721 ST. MARGARET STREET		
3	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)				9. AGE (In years lost birthdoy)	11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
		MALE WHITE S	SINGLE	9-9-15	50	
	done	USUAL OCCUPATION (Give kind of work 10B, KfND during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
2		TESTER GENE	RAL ELEC. CO.	NEWYORK		USA
5	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
7		WERDEN BERNARD	REILLY	ROSANNE CAF	ROLL	
2	15. V	Nos Deceased Ever in U. S. Armed Forces?	16. SOCIAL SECURITY NO.	17. INFORMANT C.WARREN 37	I ST.MARG	ARET ZILLS
	W	MKNOWD W.W. 11-10-42	091-09-9287	ST. AGNES HO		
		18. YES 111-28-45	CAUSE O		JOI TIME ME	INTERVAL BETWEEN
3	DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH	
LEADING TO DEATH (A) BRONCHOPNEUMONIA						
5		(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise	e.g., DUE TO ase,			100
		injury or complication which coused death.)	COL	GESTIVE H	EDRT FAL	LUPF
D		ANTECEDENT CAUSES				
		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) staling the (C) ASCUD				
2		UNDERLYING CONDITION last.	(6)	***************************************		
3		II				
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO				
0	AT	DISEASE OR CONDITION CAUSING IT.				
	CERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION YES 20 A. AUTOPSY? (Yes of No) YES			IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
5		21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of	or obout 21C. WHERE DID	(II in Baltimore	City, give exact location)
	CAL	DEATH (notily medical examines)	etc.)	nce blags, III oki occok:		
3	0	21D. TIME (Month) (Doy) (Year) [Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
	2	OF INJURY (APPROX.)	While At Not While Work At Work	•		
		22. 1 certify that (N) (this hospital) attended		17-	9 66 10	4-23 10 66
0		that XIX(we) lost sow the deceased alive				ion death accurred on the dat
3		and haur and from the causes stated above			W.M.	
2		23A. SIGNATURE	-3	The say offer deaths		23B. DATE SIGNED
		Wellenne	Com M.D. Atte		Stoll Phys.	
3		23C. PHYSICIAN'S		23D. ADDRESS		

NAME (Type) M.D. MANFRED BURIAL CREMATION, 2 REMOVAL (Specify)

ST. AGNES HOSPITAL

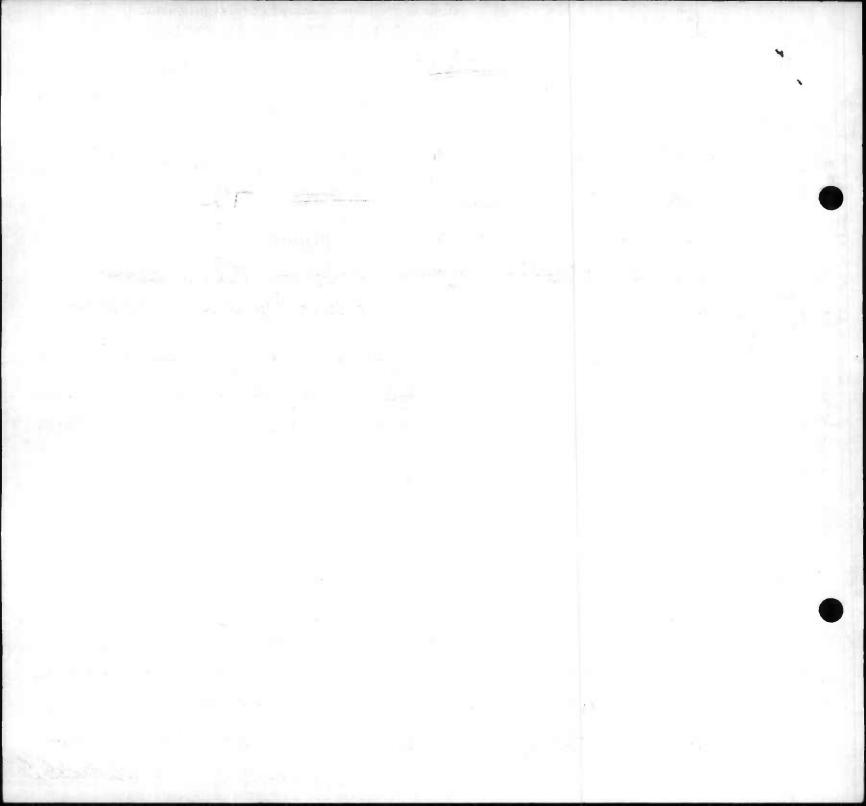
24D. LOCATION (City, town, or county) (State)

OF EGISTRAR

etery anne arundel Co Md, 25C. FUNERAL DIRECTOR ADDRESS Wa. Fialkowski 2007 Eastern ave

Table . Table THE STOCK OF THE SPECIAL IN The state of the s didina de la and radia is grand as

C-35D	BALTIMORE CITY	HEALTH DEPARTMENT		00 14000
BIRTA NO. 66 ()4267	CERTIFICA	TE OF DEATH	Registered No	66 114267
1. NAME OF DECEASED	DORD	2. DATE AND	HOUR OF DEATH	
(Type or Print) GODDIN, IDA		ARRIC	23-196	6 11 PM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUNT		stitution; residence before admission)
FULL NAME OF (If not in hospital ar instit	ution, give street	C. CITY OR TOWN (If outs	ida aitu limita unita P	27-20
INSTITUTION		BALTMORE	ide city limits, write k	UKAL ond give township)
SINAL HOSPITAL of	(SALTIM DRE		ral, give locotion)	1 4.6
	1	3111 PARK	INCTON !	TUE 13
WIE	RRIED, NEVER MARRIED DOWED, DIVORCED (specify)	8. DATE OF BIRTH	AGE (In years ost birthday)	If Under 1 Yr. If Under 24 Hrs. Manths Days Haurs Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIII done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State ar fareig	n country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	at Home	CITHUANIA	•	(1.5.A
13. FATHER'S NAME	. / /.	14. MOTHER'S MAIDEN NAM	IE .	
tentenen move	s snyder	unkucom	Neva	GLESS
15. Was Deceased Ever in U. S. Armed Farces? (Yes, na ar unknown) (II yes, give wor or dotes of se	security No.	17. INFORMANT	11.	ADDRESS
NO	CAUCE	Allast Doc	adin -	some
DISEASE OF CONDITION DIRECTLY	CAUSE O	P DEATH		ONSET AND DEATH
LEADING TO DEATH	(A) SEP	sir - somce dia	beke common	ne 400 Hours
(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dis	sease,	chronic Bhip	istula clair	ind
injury or complication which caused death.)	(B)	marchiotis cal	divascular	MANY YEARS
DISEASES OR CONDITIONS, if any,	DUE TOLL	ease .		
rise to the above couse (A) stating UNDERLYING CONDITION tost.		bitic mollitas		MANY YEARS
II				
OTHER SIGNIFICANT CONDITIONS CONTRIL				
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	[20A. AUTOPSY? (Yes ar No)	208 IE VEC WERE	INDINGS CONSIDERED
OTHER SIGNIFICANT CONDITIONS CONTRIST TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED TO DESCRIPTION 19B. CONDITION 19B. CONDITION WAS PERFORMED TO DESCRIPTION 19B. CONDITION 19B. COND		2011 AO (0131; 1103 di 1107	IN CERTIFYING CAL	
OR CONTRIBUTING CALISE OF	21B. PLACE OF INJURY (e.g., i hame, form, factory, street, a	n or obout 21C. WHERE DID	(If in Boltimore	City, give exact locotion)
DEATH (natify medical exeminer)	elc.)		_	
21D. TIME (Month) (Doyl (Year) (Hour		21 F. HOW DID INJU	RY OCCUR?	
(APPROX)	While At Work			
22. I certify that (I) (this haspital) atter			966 to AMA	
that(I)(we) last saw the deceased alive	and the second s		t imm) (aur) apir	nian death accurred on the date
and haur and from the causes stated abo	(We) (did) (did nat)	riew the bady after death.		Tong DATE SIGNED
Muchael Louis	M.D. All	ending Med.	Stoff * Note	238. DATE SIGNED
7,757	Phy	s. Director 1	hys.	MIRIC 27, 66
23C, PHYSICIAM'S NAME (Type) MICHAEL	EVIN M.D.	SINAL HO	SRIML	
24A. BURIAL CREMATION, 248. DAYE REMOVAL (Specify)	24C. NAME of CEMETERY OF CR	EMATORY 24D. LO	CATION (Cit	y, town, ar county) (State)
Bural 4/24/66	Zubawitz.	Muse are	Batter	noce med.
APR 27 1966 P. S. S. N.	E LaberMa	Sel Lunson	Bros. 60	o Reistretown
VS 150-REV. 1/1/65		~		



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

D Wind	BALTIMORE CITY	HEALTH DEPARTMENT		4000
AL CASE NO.	CERTIFICA	TE OF DEATH	Registered Na	66.04265
NAME OF DECEASED Typo or Print) BLINCHIKOFF, CEC	ELIA SYLVIA	April:	24, 1966	12 40 PM.
FULL NAME OF HOSPITAL OR Oddress or location) FULL NAME OF HOSPITAL OR Oddress or location)		MARYLAND C. CITY OR TOWN (If outs BALTIMORE	TY	URAL ond give township)
exetherau Hospital of	Mayloud		AVENUE	
Tours WIDOW	ED, NEVER MARRIED VED, DIVORCED (specify) ARRIED	1/30/1910	9. AGE (In years lost birthdoy) 56	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
0A. USUAL OCCUPATION (Give kind of work 10B, KIND lone during most of working life, even if refired) HOUSEWIFE	OF BUSINESS OR INDUSTRY	NEW YORK, N		12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAME LOUIS SIEGALL		14. MOTHER'S MAIDEN HAN SARAH HEY		
5. Was Deceosed Ever in U. S. Armed Forces? Yes, no or unknown) (If yes, give wor or doles of service NO	16. SOCIAL SECURITY NO. 214-50-0271	MR. GEORGE BL	LINCHIKOFF	ADDRESS 3645 WABASH AVE
WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	(B) DUE TO	20 A. AUTOPSY? (Yes of No)) 208, IF YES, WERE FI IN CERTIFYING CAU	INTERVAL BETWEEN ONSET AND DEATH INDINGS CONSIDERED ISES OF DEATH? City, give exect locotion?
DEATH (notify medical examines) 21 D. TIME Month) (Day) (Year) (Hour) 2 OF INJURY	PIE INJURY OCCURRED While At Nork At Work	21F. HOW DID INJU	URY OCCUR?	
22. I certify that (I) (this hospital) attended that (I) (we) last saw the deceased alive at and hour and from the couses stated above.	4.24	19 6 b ond the		ion death accurred on the date
23C. PHYSICIAN'S NAME (Typp) 0 (24 4 2 5 0 6	Phys	23D. ADDRESS	Stoff Phys.	APRIL 24, 1966
4A. BURIAL CREMATION, 24B. DATE 24C. REMOVAL (Specify) 4/26/66 f 5A. DATE REC'D BY HEALTH DEPT. 25B. NAM	NAME OF CEMETERY OF CRE HEBREW FRIENDSH	IP	BALTIMORE, A	y, lown, or county) (Stote) WARYLAND 6010 RETSTERSTOWN RI
APR 27 1966 (1) Left E.	etalley Min	SOL LEVINSON	& DKUS.INC.	TOTO KETSTERSTOWN KE

The second secon THE STREET The state of the state of The second section of the second of The state of the s

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	A 520	BALTIMORE CIT	Y HEALTH DEPARTMENT	y i	(3() - 41)(3()
	DIRTH NO. 66 134269	CERTIFICA	ATE OF DEATH	Registered Na	66 1926
	M.E. CASE NO. 1. NAME OF DECEASED, (Type or Part)	1	2. DATE AN	D HOUR OF DEATH	D 610
	3. PLACE OF DEATH IN BALTIMORE, MARYLA	Keine	4. USUAL RESIDENCE (When	6/66 (Stitution: residence before odmission)
	STEEDE OF SEASON IN SEASON		A. STATE B. COUN	TY	
	FULL NAME OF (If not in hospital or in HOSPITAL OR address or location) INSTITUTION	stitution, give street	Maryland	Baltimor side, city limits, write R	RURAL ond give township)
4	INSTITUTION		Do 140.	me	5370
1	July black	. //	O. STREET ADDRESS (IF	rurol, give location)	
0		MARRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
BDE SI	W /-	WIDOWED, DWORCED (specify)	WP/7/05	lost birthday)	Months Doys Hours Min.
2	IDA. USUAL OCCUPATION (Give kind of work TOB done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTR	Y 11. SIRTHILACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
2	Housewife		Pennsylvan	ia	USA
disposition	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
200	Thomas-Adam Waldo V		Alice Felty	•	ADDRECE
5	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of	service) SECURITY NO.			ADDRESS
	no la company in the	219-18-429	9 Monroe S. A	mig, same	as #4
0	DISEASE OF CONDITION DIRECT				ONSET AND DEATH
9	LEADING TO DEATH	(A)	Hepatic cor	na	? 2 weeks
E I BO	(Thrs does not mean the mode of dynheort foilure, ostherio, etc. It means the	ng, e.g., DUE TO diseose,			
E I	ANTECEDENT CAUSES	/lh,J	ronic active	hepatit	is 3 years
are	DISEASES OR CONDITIONS, if only,	DUE TO	1/1: 1 . 1	+ . 1	
	rise to the obove couse (A) sto	ling the (C)	viral ligi	ellow	
the remains	l II				
E I	OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO THE			
e	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITI	ON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	208. IF YES, WERE	FINDINGS CONSIDERED
0	NONE WAS PERFORM	WED	No	IN CERTIFYING CAL	USES OF DEATH?
rore	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
gined bet	DEATH (notify medical examiner)	elc.)			
Pe	OF INJURY (Month) (Doy) (Year) (H	While AI TO Not Wh	21F. HOW DID INJ	URY OCCUR?	
btai	(APPROX)	Work L Al Wor			11135//
0	22. I certify that (I) (this hospital) of that (I) (we) last saw the deceased of				425 1966
De	ond haur ond from the couses stated			of In(my) (our) opin	nion death accurred an the dote
must	23A. SIGNATURE	aboves (1) (me) (ata) (ata tion)	The body differ dooms		23 B. DATE SIGNED
ם ו	111. a. w		Med. Director	Stoff Phy s	4/25/66
0	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS		
approv		nnis M.D			
	24A. BURIAL CREMATION, REMOVAL (Specify)	24C. NAME of CEMETERY of C	REMATORY 24D. L	OCATION (Ci	ty, lown, or county) (Slote)
110	Burial 4/28/66		Memorial D	orsey Mar	yland
Written	APR 27 1966 A Leub	MAME OF REGISTRAR	aller te	1 March	Kes
	VS 150-REV, 1/1/65		Walter Broo	we pragie	y, Inc., Dundalk

chief medical

pproved

the

uo

attendance

regular

2

MOS

death

pronounced

who

physician

the

where

(except

hospital

0 prior

at

D.O.A.

MOS

approval

deceased written ap

fracture of any

4

(2) Body burns;

0

the body was released to the hospital shows: (1) An accident of any nature; (3

irect or contributing cause of death (4) Undetermined cause; (5) Deceased

hospital

occurred

assistant if

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 14271 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) April 25,1966 | 12.20 A. M.
4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE

8. COUNTY Elizabeth M. Carlson.
3. PLACE OF DEATH IN SALTIMORE, MARYLAND death. ConoAn It so It or in viil i Maryland Prince George Co
c. CITY OF TOWN (If outside city limits, write RURAL and give township) House In The Pines Nursing Home Glenn Dale
D. STREET ADDRESS (If rural, give location) prior 2525 W. Belvedere Ave Duvale Ave, Glenn Dale . Md 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months: Doys deceased WIDOWED, DIVORCED (specify) June 2,1889 76

11. BIRTHPLACE (Stote or foreign country) Female White Divorced
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY disposition is 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) Retired
13. FATHER'S NAME Maryland.

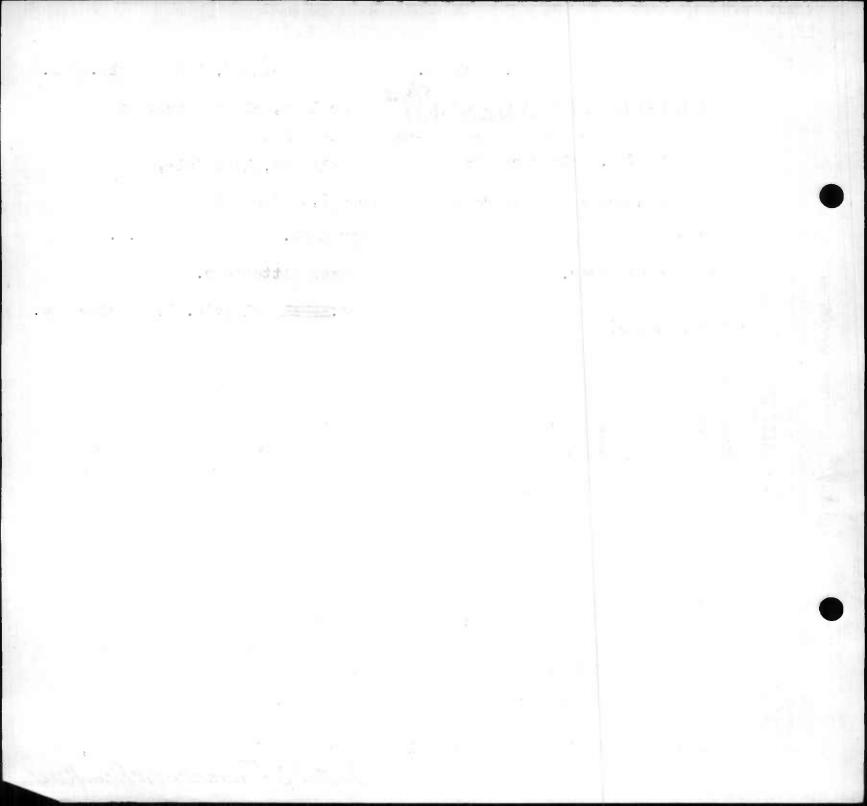
14. MOTHERS MAIDEN NAME the Thomas Mayer.

15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown) (If yes, give war or dates of service) Susan Tittensour. O 17. INFORMANT Dorothy Leah 6. SOCIAL final SECURITY NO. ar attendance balmed or fina no no Mrs. Mabel Valdivia. 5904 CAUSE OF DEATH 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, in regular injury or camplication which coused death.) E ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the obove cause (A) stoting the UNDERLYING CONDITION last. the remains Was CERTIFICATION DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE DR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? OR CONTRIBUTING CAUSE OF No DEATH (notify medical examined MEDIC 9) obtained (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPRD X.) pup Work At Work 22. I certify that (1) (this haspital) attended the deceased from 19 66 april pe that (1) (we) last saw the deceased alive an... death) and hour and from the causes stated above. (1) (We) (did) (did nat) view the body after death. must 23A. SIGNATURE 0

U.S. ADDRESS Harford INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Ilf in Baltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED Attending Phys. Med. Director 23C. PHYSICIANS 23D. ADDRESS NAME ITYP 24A, BURIAL CREMATION, 24B, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) Burial 1/27/66 Cedar Hill 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Cemetery 5829 Ritchie Highway Md VS 150-REV. 1/1/65

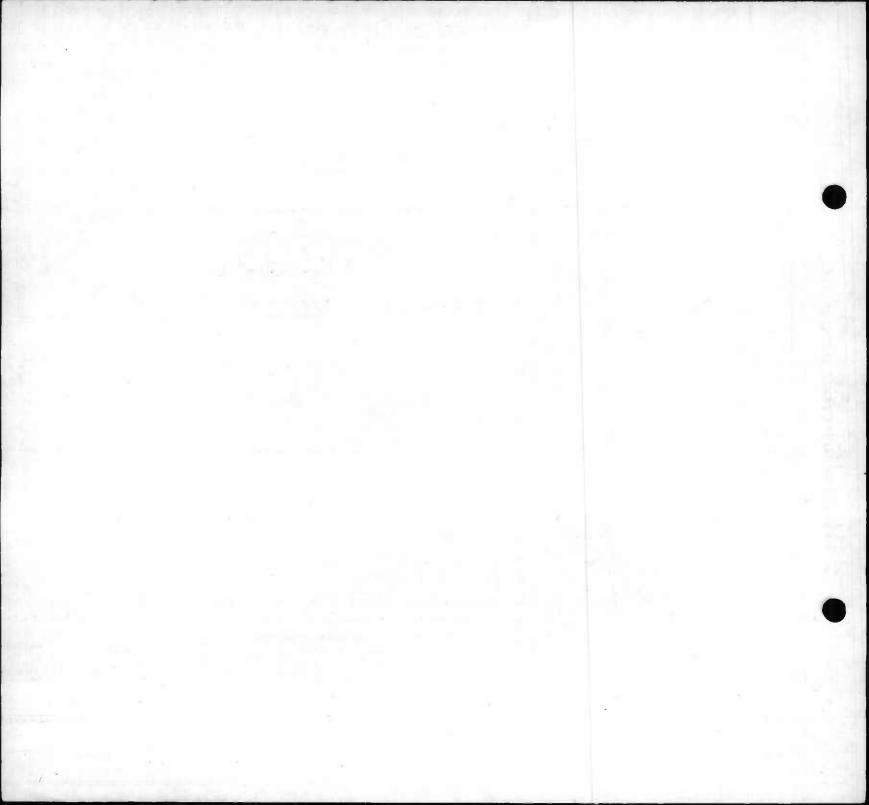
If Under 24 Hrs. Hours : Min.

Hours



VS 150-REV. 1/1/65

-		BALTIMORE CITY	HEALTH DEPARTMENT	66 04271
	BIRTH NO. 66 04271	CERTIFICA	TE OF DEATH Registered No	(11) (114-11
	M.E. CASE NO. 1, NAME OF DECEASED		2. DATE AND HOUR OF DEAT	H /30
	(Type or Print) KELL NER.	PIERCE	April 23	19661 5 PM.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	,	4. USUAL RESIDENCE Where deceased lived, If A. STATE B. COUNTY	institution: residence before adhission)
	FULL NAME OF (If not in hospital or instit	ution, give street	MD	Ballo
	HOSPITAL OR address or location)		C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
1	Mangland Gen. 1405P	!tal	Ballimore	3370
711	X		D. STREET ADDRESS (If rural, give location)	
5	5. SEX 6. RACE A 7. MA	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	
		MOUTH	Feb 10 1910 lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Haurs Min.
li	10A, USUAL OCCUPATION (Give kind of work 108, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	dane during most of working life, even if retired)	Steel Worker	Manufound	45
1	13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	013
	GENPAE KEILN	16R	Elsir Goetz	
	15. Was Decesed Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	ADDRESS
	(Yes, na arunknawn) (If yes, give war ar dates of se	213-07-372)	Addie o Kellne	1525 Carson Alle
1	18.	CAUSE OI		INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY	Ω_{Λ}	1 1 41 0 0 11 1	ONSET AND DEATH
	LEADING TO DEATH	(A) (4.e)	tastalis (a o) bladd	Aprilalil66
	(This does not mean the made of dying, heart foilure, asthenia, etc. It means the di	sease,		to April 23 196
	injury or complication which caused death.)			
	ANTECEDENT CAUSES	DUE TO	00	***************************************
	DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating			
	UNDERLYING CONDITION Iosi.			
	OTHER SIGNIFICANT CONDITIONS CONTRIL	RUTING		
	O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		-	
	O 19A. DATE OF OPERATION 1198, CONDITION	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	E FINDINGS CONSIDERED
	THE O		100.	
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	21 B. PLACE OF INJURY (e.g., in hame, farm, factory, street, aft etc.)	fice bldg., INJURY OCCUR?	are City, give exact lacation)
	O 21D. TIME (Manth) (Day) (Year) (Haur	21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
H	OF INJURY (APPROX.)	While At Not While At Work		
	22. I certify that (V (this hospital) atten		+-21 1966 10	dmil 23 10 //
	that (I) (we) ast sow the deceased alive	1 - 11 -	19 64 and that In (my) (our)	april 25 1966.
	ond hour and from the couses stated obc	, ,		primon double decorred on the doto
	23A. SIGNATURE	100 (1) (100)	Town the body distribution	23 B. DATE SIGNED
	Your let Men	M.D. Atte	nding Med. Staff Phys.	Son 1 22 866
	23C.PHYSICIAN		23D. ADDRESS	19/12/23 1900
	NAME (TYPE TOUNGS ! K	MONN M.D.	Mankand Gan. Hosp	:Val
	24A. BURIAL CREMATION, 24B. DATE	24C. NAME OF CEMETERY OF CRE	MATORY 24D LOCATION	City, town, or county) (State)
	Burial 4-27-66	OHK Lawy (in teny Baltemore	mel
	25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	259: DUNIRAL DIRECTOR	ADDRESS
	AFK 24 1988 (20 68	3 Fro Co. us	1 holes E Smal 1211	hosaco Hero



M.E. CASE NO.

BALTIMORE	CITY	HEALTH	DEPA	RTMENT

66 142 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

	2. DATE	AND	HOUR	PRONOUNCED	DEA

1. NAME OF DECEASED D Michael Cole April 22, 1966

3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

4. USUAL RESIDENCE (Where deceased lived. If institution: paydence below. Maryland (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

FULL NAME OF HOSPITAL OR INSTITUTION C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore

BALTIMORE CITY HOSPITALS

D. STREET ADDRESS (If rurol, give location)

13 Whitethorn Way

5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months, Days, Haurs, Male White 69 arried

10A. USUAL OCCUPATION (Give kind of work 10B. AUND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) dane during most of working life, even if setired)

WHAT COUNTRY? Standard (4. MOTHER'S MAIDEN NAME

hall 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL ADDRESS (Yes, na or unknown),(If yes, give war or dates of service) SECURITY NO.

214-01-4292 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY (A) Arteriosclerotic cardiovascular LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) DUE TO disease

ANTECENDENT CAUSES DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?

CERTI Yes 21 A. EXTERNAL CAUSE WAS 21B. PLACE OF INJURY (e.g., in as about 21C. WHERE DID (If in Boltimore City, give exact location) home, form, factory, street, office bldg., NJURY OCCUR? UNDERLYING OR CONTRIB-

UTING CAUSE OF DEATH. 21 D TIME 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? (Year) OF INJURY (APPROX.) WHILE AT NOT WHILE

22. I certify that I held an Inquiry Inspection Autopsy x and that an this bosis, deoth in my opinion

resulted from: Notural couses X Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER

ACTUAL M.D. ASSISTANT MEDICAL EXAMINER 266 SIGNATURE

ASSOCIATE MEDICAL EXAMINER

Charles S. Petty, M.D.

23C. NAME OF CEMETERY OF CREMATORY 23B. DATE 23D. LOCATION (City, tawn, or county) dell

24A. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C. FUNERAL DIRECTOR

m. WORK

VS 151-REV. 1/1/65

REMOVAL (Specify)

EXAMINER'S

NAME (Type)

23A. BURIAL CREMATION,

NO

ADDRESS

DATE SIGNED

(Stote)

4-22-66

9:30 A. M.

12. CITIZEN OF

Yes take of the entropy of any due of the party of the party

 \equiv

the body

deceased

46-35-69

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) DGERS 4. USUAL RESIDENCE (Where deceased lived. B. COUNTY MARYLAND (If not in hospital ar institution, give street FULL NAME OF HOSPITAL OR 4940 EASTERN AVE, BALTO. Md2124 outside city limits, write RURAL **INSTITUTION** D. STREET ADDRESS rural, give lacotion) LTIMORE 21403 5. SEX B. DATE OF BIRTH 9. AGE (fn years If Under 1 Yr. Manths: Days If Under 24 Hrs. WIDOWED, DIVORCED (specify)

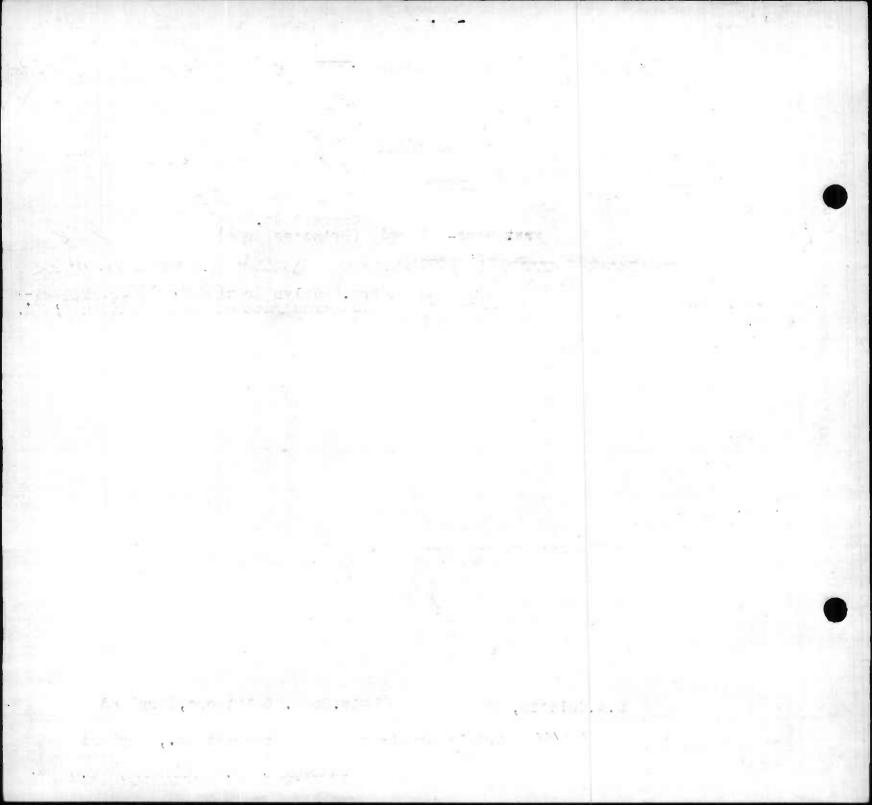
MARRED Hours lost birthdoy) RRIED IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State at foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) MARYLAND KET 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME FREDERICK JULIA MASON 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, na ar unknawn) (If yes, give war ar dates of service) SECURITY NO. RECORDS BCH 4940 Eastern Ave. Balto. Md. 21224 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY CERE BROVASCULAR ACCIDENT LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE MYOCARDIAL INFARCTION ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving ABTERIOSCLEROTIC CARDIOVASCUMAR lo the above couse (A) stating the UNDERLYING CONDITION last. RTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING BLEEDING - UNKNOWN ETIOLOGY TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about A.C. WHERE DID hame, farm, factory, street, office bldg., INJURY OCCUR? Ü (If in Baltimore City, give exact location) DEATH (notify medical examiner MEDI (Day) (Yeor) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX) Wark At Work 22. I certify that (6) (this hospital) attended the deceased from APRIL that (1) (we) last saw the deceased alive an... and that in(my) to opinian death occurred on the date and have and from the causes stated above. (1) (14) (did) (did) view the body after death. 23A SIGNATURE 23 B. DATE SIGNED M.D Attending Phys. PHYSICIAN'S Eastern Ave. Balto.Md NAME (Type) 24A. BURIAL CREMATION, LOCATION REMOVAL (Specify) 25A. DATE REC'D BY 25C. FUNERAL DURECTOR ADDRESS VS 150-REV. 1/1/65

35-45° - 100 - 1-35 · Trappes that your was and path with the THE PRINCIPLE AND PRINCIPLES

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	V	150 - 110-
BIRTH NO. 56 04274	CERTIFICA	TE OF DEATH	Registered No	60 04279
M.E. CASE NO. 1. NAME OF DECEASED	1/.	2. DATE AN	D'HOUR OF DEATH	
(Type or Print) BFDSWORTH	VIRGINIA	4/	22/6/	9:084
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (When	e deceased lived. If in	stitution: residence before admission)
State Manage Of the State Stat		MD		120115
FULL NAME OF (If not in hospital or institution) HOSPITAL OR address or location)	ition, give street	C. CITY OR TOWN . (If out	side city limits, write R	URAL ond give township)
INSTITUTION		BALTI	3 10	33710
1/NIVERS	Ty Hospital	D. STREET ADDRESS (III	rurol, give lacation)	
08 0 10 12 -15		6178	ALLWA	OD CT
S. SEX 6. RACE 7. MA	RMED, NEVER MARRIED		9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
F w	DIVORCED	4/27/12	53	
10A. USUAL OCCUPATION (Give kind of work 10B. KIP	ID OF BUSINESS OR INDUSTRY	Somerset Co.	gn country)	12. CITIZEN OF WHAT COUNTRY?
dane during most of working life, even if relired)	*Nurse-Retired	(Princess A	nne	1150
13. FATHERS NAME	#1141 GC-11C 011 Cd	14. MOTHER'S MAIDEN NAM	WE .	1
/- EORGE HE	WRY BEDWE	otil SAL	LY JANI	EWINDSOR
15, Was Deceased Ever in U. S. Armed Forces?	II 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, na or unknown) (If yes, give war ar dates of set	vice) 14 SECURITY NO.36	Mrs Madelyn U	rem(,Siste:	r)6609 Wycombe-w
No	211-10-10		eral Home	Satisbury: Md.
18. 15 4 X	CAUSE O	P DEATH		ONSET AND DEATH
DISEASE OF CONDITION DIRECTLY LEADING TO DEATH		METASTA	1716 - 1	A
(This does not mean the made of dying,	e.g., DUE TO			
heart failure, asthenia, etc. It means the dis injury or complication which caused death.)		1=		
ANTECEDENT CAUSES	(B)	DECTA	C CA	
DISEASES OR CONDITIONS, if any,	DUE TO			
rise to the above cause (A) stating		**************************************		
UNDERLYING CONDITION last.				
II				
OTHER SIGNIFICANT CONDITIONS CONTRIE				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING ITS. DATE OF OPERATION 198. CONDITION WAS PERFORMED TO THE CONDITION WAS PERFORMED T	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B, IF YES. WERE F	INDINGS CONSIDERED
WAS PERFORMED			IN CERTIFYING CAL	ISES OF DEATH?
U 21 A. ACCIDENT WAS UNDERLYING	21.B. PLACE OF INJURY (e.g., in	ar about 21 C. WHERE DID	(If in Baltimare	City, give exact lacotion)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	fice bldg., INJURY OCCUR?		
O 21D. TIME (Month) (Day) (Year) (Hauri	21E. INJURY OCCURRED	21F. HOW DID INJ	ILRY OCCUP?	
S OF INJURY	While At Not While		ORY OCCOR:	
(APPROX.)	Work At Work			
22. I certify that (I) (this hospital) atten	ded the deceased from	3/30/	19 66 to	19 4.76
that (I) (we) last saw the deceased alive	on 4/22	/. // /		nion death accurred on the date
and hour and from the causes stated abo	ve. (1) (We) (did) (did not) v	lew the body after death.		
23A. SIGNATURE				23B. DATE SIGNED
D. A. 1/2/71		ending Med.	Stoff	4/22/61
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	7.66
NAME (Type)			Tttmome W	amr.land
D.A.Culotta,		Univ.Hosp. Ba		
REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRE			ly, town, or county) (State)
burial 4/25/66	Oriole Cemete	ry Som	erset Co.	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N.	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	A ICAL.	O / ADDRESS
APR 27 1966 (1) 5	E Salber MA	Hocloway &	Cackatics	Bartinade, Md.
VS 150-REV. 1/1/65				

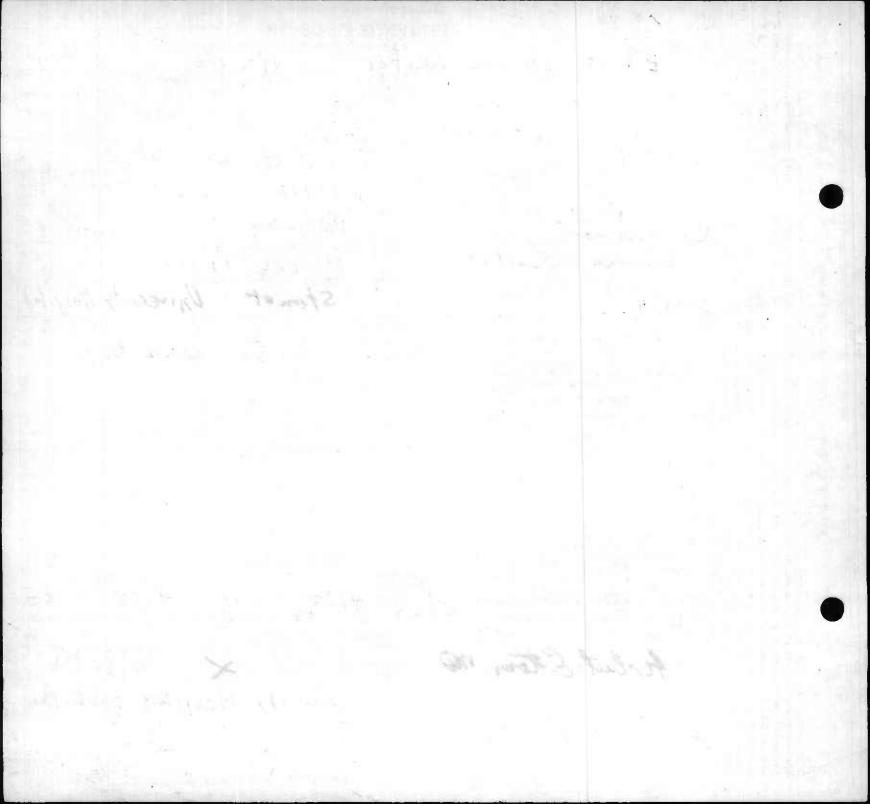


4	BALTIMORE CITY	HEALTH DEPARTMENT	2.5	04275
BIRTH NO. 56 (14275	CERTIFICA	TE OF DEATH	Registered Na.	1 1 - P sear of 1.
M.E. CASE NO.	*	2 DATE AND	HOUR OF DEATH	- 45
(Type or Print) Elbert Clarence	Saute	r 4/2	5 166	5 P M
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	deceased lived. If institutio	n: residence belore admission)
FULL NAME OF (If not in hospital or institution, give	sheet	Md.		19-04
INSTITUTION Oddress or location oddress or location by Lts.	N	19 6	le city limits, write RURAL	ond give township)
University be 610.	I ka .	D. STREET ADDRESS (If run	d, give location)	
Hospital	+ / L	434 5. Gil	more St	,
5. SEX 6. RACE 7. MARRIED, NE	EVER MARRIED DIVORCED((specify)		AGE (In years If U	nder 1 Yr. If Under 24 Hrs.
56Me W Mar	LIE (10 3 104	56	13 00/3 110013 141115
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BU	ISINESS OR INDUSTRY	11. BIRTHPLACE (Stote or foreign		CITIZEN OF
Ware hous man		Marhrand		U.S.A.
13. FATHERS NAME CLAYENCE SENTE	<i>r</i> -	14. MOTHER'S MAIDEN NAME		
Crarence Jeniie	D	Maper	1 myans	
(Yes, no or unknown) (If yes, give wor or dates of service)	SECURITY NO.	17. INFORMANT	their	sity Hospital
BNKNOW N		6.Stonet	Uniser	stry Hospital
18, 421.1	CAUSE OI	F DEATH		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cal	ific Antic	Stonocis	Years
(This does not mean the made of dying, e.g.,	DUE TO			
injury at camplication which caused death.)	failure, asthenia, etc. II means the disease, at camplication which caused death.)			
ANTECEDENT CAUSES	DUE TO	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES OR CONDITIONS, if any, giving	(6)			
UNDERLYING CONDITION last.	(C)		· · · · · · · · · · · · · · · · · · ·	ranson d a dwdd 94444 440 arrondd 64 a âru 40 0 4 1 1 446 46 we 0 1
7				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
	ICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FINDIN	IGS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED		NO	IN CERTIFYING CAUSES C	OF DEATH?
OR CONTRIBUTING CAUSE OF home,	ACE OF INJURY (e.g., in lorm, foctory, street, of	fice bldg., INJURY OCCUR?	(II in Boltimore City,	give exact location)
DEATH (notify medical examiner)			,	
S OF INJURY	At Not While	21F. HOW DID INJUR	Y OCCUR?	
(APPROX.) Work	At Work		4 41	
22. I certify that (1) this hospital) attended the	deceased from	4/123 19	06 10 91	23 1906
that (1) (we) last saw the deceased alive an	4/80		In (my) (aur) apinian d	death accurred on the date
and haur and from the causes stated above. (1)	We) (did) (dld nat) v	iew the bady after death.	lose t	DATE SIGNED "
23A. SIGNATURE	MAD. Alle	nding Med. St	238. C	LISC MA
23C. PHYSICIAN'S	Phys	s. Director Ph	y see	123 100
NAME (Type)	M.D.	1/2 iversity	Hospital	Balto Md.
24A. BURIAL CREMATION, 24B, DATE, 24C. NAM	E of CEMETERY of CRE	MATORX 24D. LOC	ATION (City, tow	in, or county) (State)
BURGO 429/66 1)01.	(Calledia	l Com	Bo	oto Md
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR /	1 0	A ADDRESS /

27 1966

Thomas & Kenny her

VS 150-REV. 1/1/65



VS 150-REV. 1/1/65

Such

		BALTIMORE CITY	HEALTH DEPARTA	MENT	1978		
- 11		CERTIFICA	TE OF DEA	TH Registered No	. 43 ,4276		
	M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEATH				
	(Type or Print) KVEDERA JOSE	PH P	IUS	APRIL 22	1966 2:00 P M.		
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give st		4. USUAL RESIDEN	CE (Where deceased lived, If B. COUNTY	institution: residence before admission)		
1	FULL NAME OF (If not in hospital or institution, give st HOSPITAL OR address or location) INSTITUTION	reer	C. CITY OR TOWN (If autside city limits, write RURAL and give township) BALTIMORE				
	ST AGNES HOSPITAL	D. STREET ADDRESS (If rural, give location) 400 WAVELAND RD. #28					
	5. SEX MALE 6. RACE WHITE 7. MARRIED, NEVE WIDOWED, DIV	ORCED (specify)	8. DATE OF BIRTH 7-26-88	9. AGE (In years last birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSH don's during plost of working life, even it retired)	NESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) LITHUANIA				
	13. FATHER'S NAME		14. MOTHER'S MAI	DEN NAME			
	FRANK Cuedera		CATHE	RINE BRAZUKA	AS		
		FOURIDE NO. 030	3 ST AGN	ES HOSPITAL	CATON & WILKENS		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.	(A) DUE TO (B) DUE TO	Cardiac Pulmon ASCV	anest ay Idam	INTERVAL BETWEEN ONSET AND DEATH		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (1		E FINDINGS CONSIDERED AUSES OF DEATH?		
	OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CA	E OF INJURY (e.g., ir n, factory, street, af	ar about 21 C. WHER	E DID (If in Boltime	ore City, give exact lacation)		
	21D. TIME (Manth) (Day) (Year) (Hour) 21E. INJU OF INJURY (APPROX.) While At	RY OCCURRED Not While At Work		DID INJURY OCCUR?			
	22. I certify that (I) (this hospital) attended the dethat (I) (we) last saw the deceased alive an APF and have and from the causes stated above. (I) (We	RIL 25	1966	and that in (my) (aur) a	Pinian death occurred on the date		
	23A. SIGNATURE	Phy	nding Med. s. Direc	lor Staff Phys X	4-25-66		
	23C. PHYSICIAM'S NAME (Type) E. WEISS	M.D.	CATON & W	1	BALTIMORE MD		
	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of RECORD BY HEALTH DEPT. 25B. NAME OF REC	HELLY OF CRE	Alener 25C. FUNERAL C	Balto,	Address (State)		

FUNERAL DIRECTOR

18:5-712

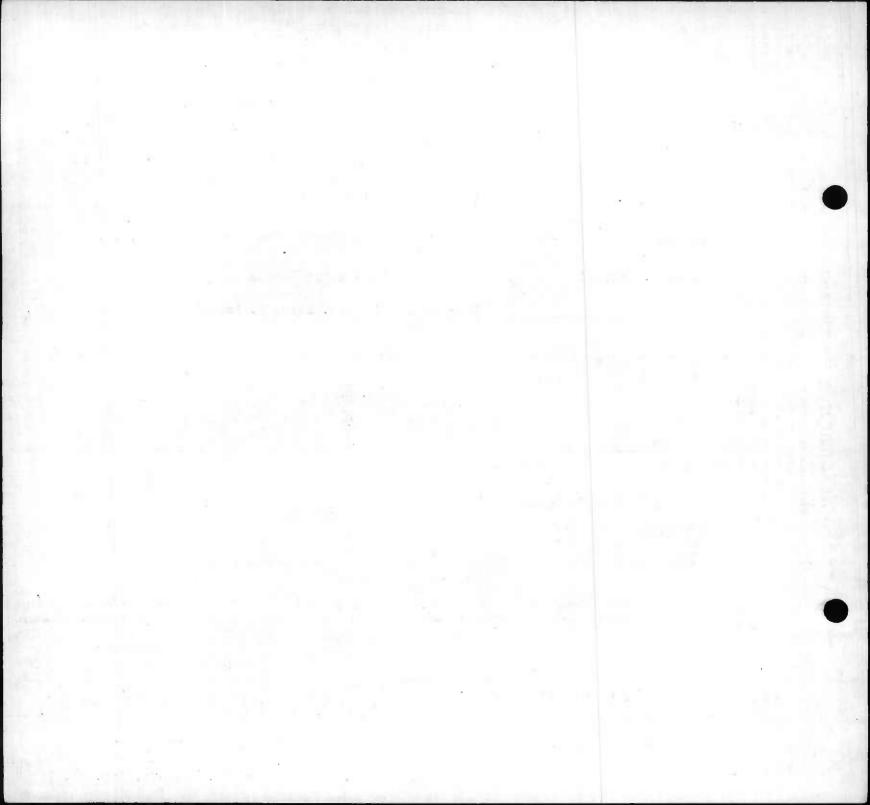
Alegies () Busing the last secretary of the contract of the co

BALTIMORE CITY HEAD	1,4,0						
BIRTH NO. MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No.						
M.E. CASE NO.							
1. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR PRONOUNCED DEAD						
JOHN T. FLYNN,	Sr. April 25, 1966 6:32 P						
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)						
	I.A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)						
	Baltimore						
4500 Old Frederick Road	D. STREET ADDRESS (If rural, give location)						
4500 Old Hederick Road	4500 Old Frederick Road						
I SA SE TAMARDIED MENER ANARDIED							
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White	B. DATE OF BIRTH 9. AGE (In years lift Under 1 Yr. If Under 24 His. Months Doys Hours Min.						
10A. USHAL OCCUPATION (Give kind of work) OB. KIND OF BUSINESS OR INDUSTR	7/1. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF						
does during most of working life even if retired	MAL WHAT COUNTRY?						
13. FATHER'S MAME	14. MOTHER'S MAIDEN NAME						
Fritzell Illeman	limba						
15, WAS DECEASED EVER IN U.S. ARMED FORCES? DR. SOCIAL	17. INFORMANT ADDRESS OF OF						
(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	Michael P. Flynn 29						
IB. CAUSE	E OF DEATH INTERVAL BETWEEN						
/ 6 3 X I	ONSET AND DEATH						
DISEASE OR CONDITION DIRECTLY							
LEADING TO DEATH (A) Cardio	o-respiratory insufficiency						
I this does not meen me mode of dying, e.g., but to	***************************************						
head failure, asthenia, etc. It means the disease, injury or complication which coused death.)							
ANTECENDENT CAUSES							
ANTECENDENT CAUSES Carcinoma of Lung, Emphysema, and							
DISEASES OR CONDITIONS, IF ANY, GIVING XXXXXX							
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	1						
AL CEI	riosclerotic Cardiovascular Disease.						
0							
O THE RESIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	District Control of the Control of t						
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE							
DISEASE OR CONDITION CAUSING IT.	***************************************						
194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED						
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH? Voc						
- PURPANIAL CALLER AND A	ies						
21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	in or obout 21C, WHERE DID (If in Boltimore City, give exact location) office bldg., INJURY OCCUR?						
ZID TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F, HOW DID INJURY OCCUR?						
OF INJURY (APPROX.) WHILE AT \(\sum \) NOT	WHILE						
22.	and that an this basis, death in my opinion						
resulted from: Natural causes X Accident Suicid	de Hamicide Undetermined manner						
ACTION ()-	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE (Charles of all M.D.	ACCICTANT MEDICAL EVAMINED X						
EVAMINEDIC	ASSOCIATE MEDICAL EXAMINER 4/26/66						
EXAMINER'S Charles S. Petty, M.D.	ASSOCIATE MEDICAL EXAMINER						
RAME (Type) 23A, BURIAL CREMATION, 23B, DATE 23G, NAME of CEMETERY (REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, town, or county) (Stoto)						
Bevial 4/29/66 New Ca	thedral COXO. Mel						
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS PULL						
APA 27 1968 00 4-2 Jackuma	11 4 710 6						
AFT DE 1980 (I KIN C. Junior Maria	1 1 1 1 10 10 10 10 10 10 10 10 10 10 10						
VS 151-REV. 1/1/65	The state of the state of						
V J 101-1624- 17 17 00							

2. () 프라인트 : () 는 10. () 보고 수있는 (2. Thu) . (biol.) 는 T. () 보고 있는 () 나는 그는 전 () 보고 기업을 하는데 되었습니다. () 나는 ()

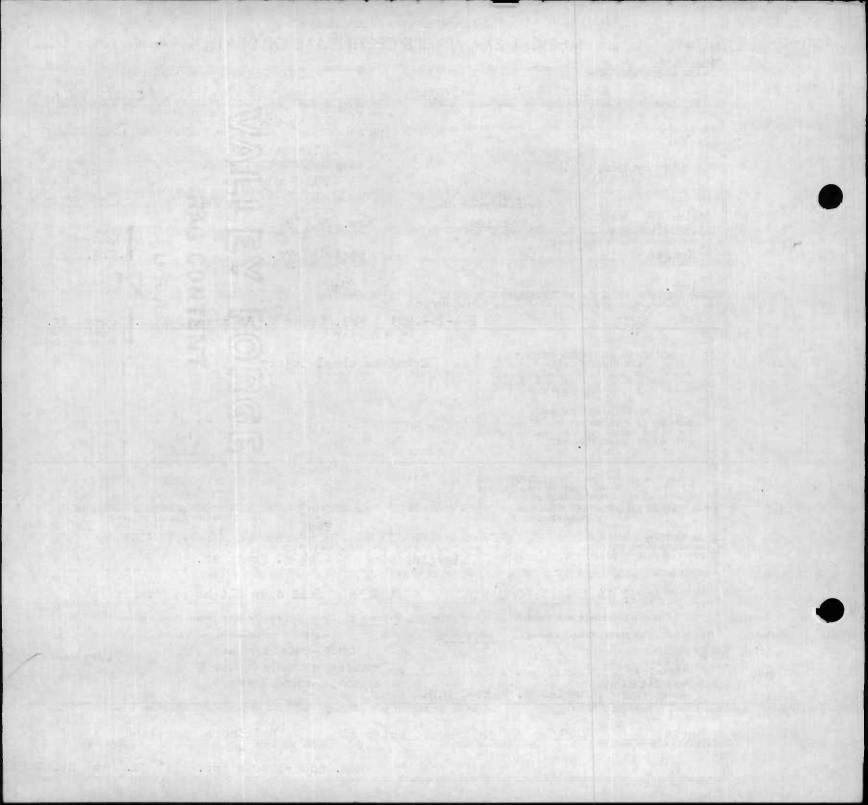
	FUNERAL	FUNERAL DIRECTOR: IMPORTANT	MPORTANT		+
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	by the chief med	lical examiner or	r his assistant if	death occurred in a hospital an	6
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	spital by a medic	cal examiner. A	also, if the direct	or contributing cause of deal	, 4
shows: (1) An accident of any nati	ure; (2) Body buri	ns; (3) A fracture	of any kind; (4)	Undetermined cause; (5) Decease	1/0
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	where the physi	ician who pront	ounced death w	as in regular attendance on the	0
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	5) No physician w	as in regular a	ttendance on the	deceased prior to death. Sur	1
vritten gonroval must be obtained	and hadana she name	aine are ambalm	and or final dieno	The mande	

M.E.	CASE NO.	5 04273		CERTIFICA	TE OF DEA		. 66 .4278	
Typ	or Print) 11 ADE	2011	HN F.			ATE AND HOUR OF DEAT		
					4.25.66. 3-30 PM.			
	ULL NAME OF	(If not in hospital oddress or location	or institution,	give street	1412 - Ho	mestead Si	treet.	
- 11				ARYLAND.		(If outside city limits, write	RURAL ond give township)	
	30 - ASHB				D. STREET ADDRESS	(If rural, give location)	1-03	
	BALTIMORS				1412 - How	estead Street	· BALTIMORE · 1	
s - S	6. RA	C		NEVER MARRIED D, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Doys Hours Min	
	USUAL OCCUPATI		108 KIND OI	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	etired	y me, even a remos,			Baltimore,	Maryland	U.S.A.	
	ATHERS NAME		1.		14. MOTHER'S MAID	EN NAME	0.0	
	Tamas M. II				Tio Man N			
5. Y	James T. H Vos Deceosed Ever no or unknown) (If ye	in U. S. Armed Po	rces?	1 6. SOCIAL	Ida May N	OFFIS	ADDRESS	
		es, give wor or dor	es of services	214-14-5209	Mara Har	ol V Hannoll	1412 Homestead St	
_	NO IB.	1		CAUSE 0		el M. Halloll	INTERVAL BETWEEN	
	DISEASE OF	CONDITION DI	RECTLY				ONSET AND DEATH	
	LEAI	DING TO DEATH		(A) U	venna.	Nachitus.	Guaretto	
	(This does not m heart failure, osthe			DUE TO		1		
	injury or camplica			-	rinhe lus	1/2 ditus.		
	ANTE	CEDENT CAUSES	S	DUE TO	3.000		. 64	
	DISEASES OR C			(6)	Cona. Car	chore Failux		
	UNDERLYING CO		oraning in					
_		11						
5	TO THE DEATH	BUT NOT REL	ATED TO TH					
CATI	19A. DATE OF OPE			WHICH OPERATION	20A. AUTOPSY? IV	s or No. 20B, IF YES, WER	E FINDINGS CONSIDERED	
ERTIFI	2	WAS PER	RFORMED		NO Y	IN CERTIFYING C	AUSES OF DEATH?	
AL C	21 A. ACCIDENT W OR CONTRIBUTING DEATH (notify medi	CALLEROR	21B hom etc.	PLACE OF INJURY (e.g., ine, form, foctory, street, o	or obout 21 C. WHERE	DID (If in Boltime	ore City, give exact location)	
U		nth) (Day) (Year)	(Hour) 21E	INJURY OCCURRED	21F. HOW	OID INJURY OCCUR?		
>	OF INJURY			ile At Not Whil	e			
		40.44.	Wo	- A1 1101K		- P P	11 00	
- 1	()			4 · 25 ·		- 19 6 6 to		
	that (1) (we) last				19.60	and that In(mg) (aur) of	pinlan death occurred on the	
		n the couses sto	ted abave	(We) (did) (did nat)	iew the bady after	death.		
	23A. SIGNATURE	00 11		M.D. AH	nding Med.	Stoff 1	23B. DATE SIGNED	
	Your	og W	ema	Phy	s. Direck	Phys.	4.25.66.	
	PHYSICIAN'S NAME (Type)	LAVIZA J	VEHILE	M.D.	LUTHERAN	HOSPITAL (OF MARYZAND.	
4A	BURIAL CREMATIC	ON. 24B. DATE	24C. N.	AME OF CEMETERY OF CR	MATORY	24D. LOCATION	City, town, or county) (Stot	
	Burial	4/28/6	66 New	Cathedral We	metery	Baltimore, Ma	ryland	
5A	DATE REC'D BY H	EALTH DEPT.		OF REGISTRAR	25C. FUNERAL D		ADDRESS	
	AFR 27 1	966 P.O.	JE . 50	La Dec 19.18	Wm. Cook-	Brooks Inc. 121	7 St. Paul St. 21	
	50-REV. 1/1/65					(1)		



OF Print) CE IN BALT NAME OF	ARTHUR		ANDERSON		2. DATE AND HOUR PRONOUNCED DEAD				
NAME OF	IMORE, MARYLAND, V					25, 1966		7:40	
NAME OF		HERE PRONO	JNCED DEAD	4. USUAL RESID	DENCE (Where de	eceosed lived. If insti 8. COU	tution: res	sidence before	odmi s s
TAI OF	(IF NOT IN HOSPI	AL OR INSTITU	JTION, GIVE STREET		rth Caro			V-3	C
UTION	ADDRESS OR LOC	ATION)				corporate limits, write	RURAL	ond give town	ship
Mana	. Unonitol				izabeth (-			
Merc	y Hospital			D. STREET ADDRESS (If rurol, give locotion) 205 Poole Street					
	6. RACE	7. MARRIED.	NEVER MARRIED			9. AGE (In years	Tif Und	er 1 Yr. If Un	der 24
210	White					lost birthdoyl			
		Marri	ed RUGNESS OF INDUSTR	Nov. 29	1925		12 CIT	ZEN OF	
uring most of v			DOSINEDS ON INDUSTRI			County	WH	AT COUNTRY	?
	E						U	S.A.	
S DECEASE			16. SOCIAL	17. INFORMANT			ADDRES	SS	
		es of service)	SECURITY NO.		EIII 2	2000			
	NMII				inda K. A	nderson 730	U N.		
E 91	10161		CAUS	E OF DEATH				ONSET AN	
RISE TO TH UNDERLYIN	E ABOVE CAUSE (A) SIG CONDITION LAST.	CONTRIBUTI	(C)						100 on the paper of the paper o
DISEASE OF	CONDITION CAUSIN	G IT.		Leon Allega	WA (W h1 1 lo				
)			WHICH OPERATION		11			FATH?	c
A. EXTERNA	CAUSE WAS	21B,	PLACE OF INJURY (e.g.,			in Boltimore City, air	ve exoct	2	
TING CAU	SE OF DEATH.	home etc.)	lodging h	ome 42	6½ E. Pra	att St.		4-01	
PPROX.) Ap		5.00 P	VHILE AT NOT	WHILE E			stain	rs	
22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my opinion resulted fram: Natural causes Accident Sulcide Hamicide Undetermined manner									
ACTUAL	0/		/_					DATE S	IGNE
		ille I 1	dly M.D	•		And the same of th			
	ER'S Charle	S S. Pe	ttv. M.D.	ASSOCIATE A	MEDICAL EXA	MINER		7/20/	
BURIAL CREA	AATION, 238 DATE			or CREMATORY	23D. LO	CATION (City,	lown, or	county)	(Stote)
VAL (Specify)								
	ALE SUAL OCCU FINITE SUAL OCC	SUAL OCCUPATION (Give kind of wouring most of working lite, even if refired) Seamen HER'S NAME UNK. S DECEASED EVER IN U.S. ARMED OF UNKNOWN (If yes, give wor or dot ES WWII DISEASE OR CONDITION D LEADING TO DEATH (This does not mean the mode of heart follure, ostherio, etc. It mean injury or complication which coused ANTECENDENT CAUSE ANTECENDENT CAUSE UNDERLYING CONDITIONS, IF ARMED TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION CAUSIN A. DATE OF OPERATION 19B. CON A. EXTERNAL CAUSE WAS PERLYING OR CONTRIBUTIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSIN A. DATE OF OPERATION 19B. CON A. EXTERNAL CAUSE WAS PERLYING OR CONTRIBUTIONS TO TIME (Month) (Doy) (Year INJURY PPROX.) April 16, 1966 I certify that I held an resulted fram: Natural cause of charles ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charles UNITAL CREMATION, 23B. DATE	MIDOWED, Marri SUAL OCCUPATION (Give kind of work 108. RIND of uring most of working life, even if retired) Seamen THER'S NAME Unk. S DECEASED EVER IN U.S. ARMED FORCES? FOR UNKNOWN! (If yes, give wor or dotes of service) ES WWII DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying e.g., head foilure, osthenro, etc. It meons the drseose, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. III OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE OF DEATH. D. TIME (Month) (Doy) (Year) (Hour) TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION FOR WAS PERFORMED A. EXTERNAL CAUSE WAS NOTED TO THE DEATH BUT NOT TO TH	WIDOWED, DIVORCED (specify) Married SUAL OCCUPATION (Give kind of work lost, rand of working inte, even if relired) Seamen HER'S NAME Unk. S DECEASED EVER IN U.S. ARMED FORCES? OF UNKNOWN, (If yes, give wor or doles of service) OF UNKNOWN, (If yes, give wor or doles of service) OF UNKNOWN, (If yes, give wor or doles of service) ES WWII DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying e.g., head foliure, ostherio, etc., It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. A. DATE OF OPERATION A. EXTERNAL CAUSE WAS home, form, fociory, siteet, long Cause of DEATH. D. TIME (Month) (Doy) (Yeor) (Hour) I certify that I held an Inquiry Inspection Autoropy, while AT WORK A CTUAL SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. FURIAL CREMATION, 23B, DATE I CREMETERY 108. SOCIAL SECURITY NO. 244-26-2903 CAUSE CRAIS SECURITY NO. 244-26-2903 CAUSE SECURITY NO. 216. SOCIAL SECURITY NO. 216. SOCIAL SECURITY NO. 216. SOCIAL SECURITY NO. 218. PLACE OF INJURY (e.g., home, form, fociory, siteet, form, fociory, sit	S. DATE OF BRI SUAL OCCUPATION (Give kind of work 108. NIND OF BUSINESS OR INDUSTRY) 1. SIRTHPLACE	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING BUSINESS OR CONDITION LAST. I	Cause of Death Caus	1.	A DISEASE OR CONDITION DIRECTLY LEADING TO THE ABOVE CAUSE (A) STATING THE DISEASE OR CONDITION, S, F ANY, GIVING HOSE ABOVE CONDITION, S, F ANY, GIVING HOSE ABOVE CONDITION LAST. Content of the Above Cause (A) STATING THE DISEASE OR CONDITION CAUSE OF THE DISEASE OR CONDITION LAST. Content of the Above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of the Cause of Death Hose above Cause (A) STATING THE DISEASE OR CONDITION CAUSING IT. Content of t

W856,20 1 0 0 0 0 0



pital and of death Deceased

hospital

Such

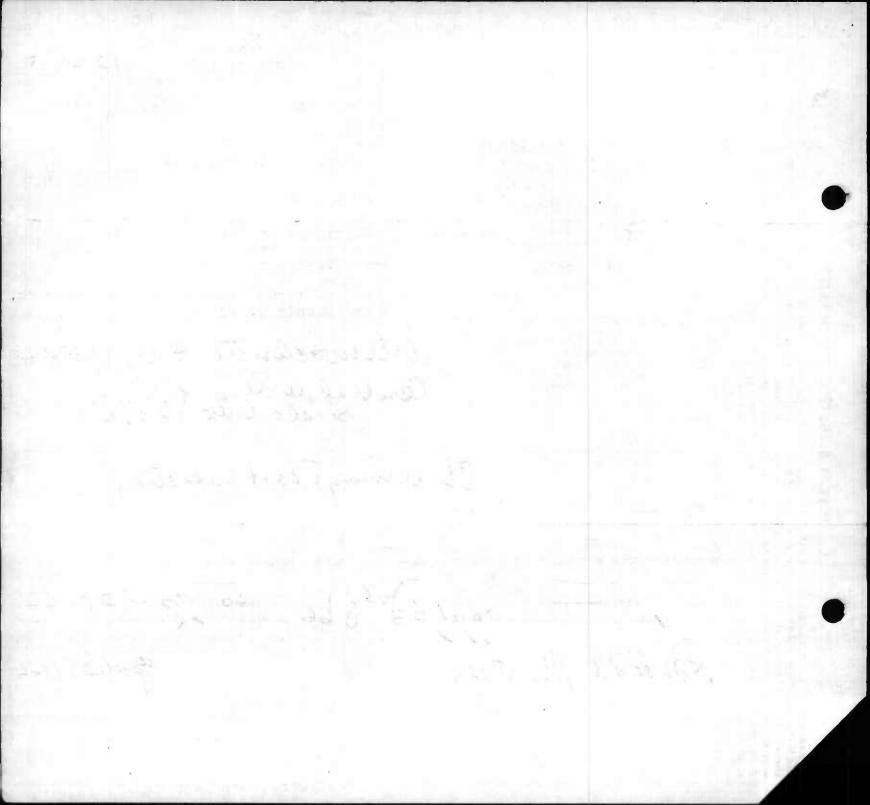
death.

HO

ance

66 04280 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Typo or Print) 25,1966 ANNA BORCHARDT 4. USUAL RESIDENCE (Whoro deceased lived, If institution: ros 3. PLACE OF DEATH IN BALTIMORE, MARYLAND B. COUNTY A. STATE FULL NAME DE (If not in hospital or institution, give streat Maryland HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) 12500 Kensington Lane If Under 1 Yr. If Under 24 Hrs. Hours 12. CITIZEN OF WHAT COUNTRY? USA ADDRESS 12500 Kensington Lane Bowie Md. INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exoct location) and that In(my) (pdf) poinion death accurred an the date 23B. DATE SIGNED Evergreen Avenue (City, town, or county) Burial Parkwood Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS Henry Sander & Sons Inc. Baltimore, Maryland 21213 VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

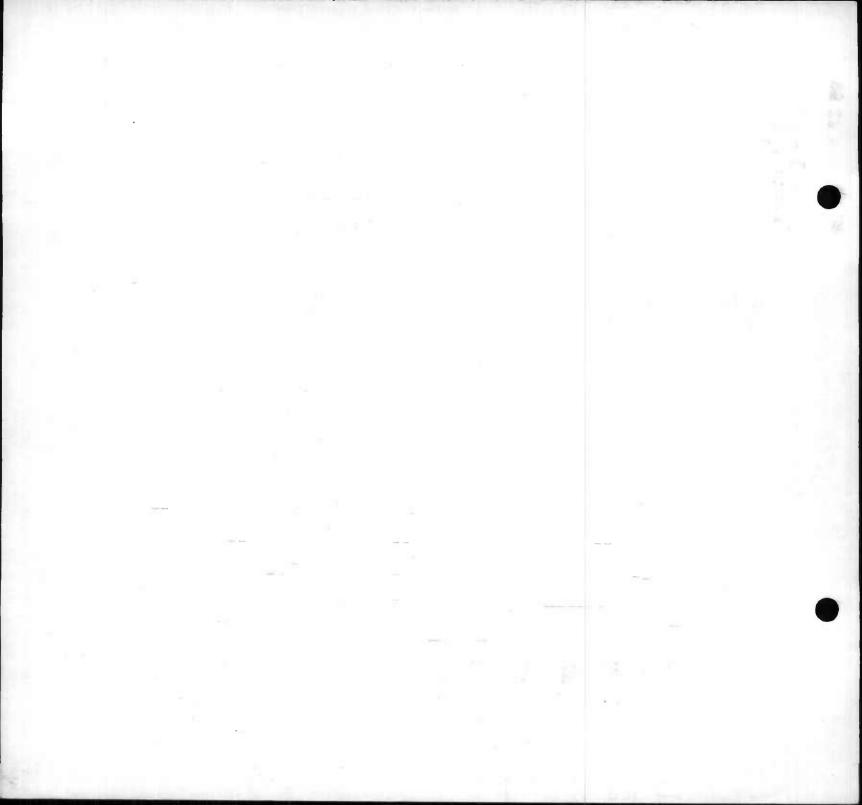


VS 150-REV. 1/1/65

a Aoffith and ng cause of death

Such

MRTH NO. 56 ()4281		TE OF DEATH	Registered Na	00 04201
M.E. CASE NO. I, NAME OF DECEASED Tuno or Print)	(D-T:17:	2. DATE ANI	D HOUR OF DEATH	
John DeAngelis B. PLACE OF DEATH IN BALTIMORE, MARYLAND	(DOLL-TIPPO		deceased lived. If ins	4:20 a
FULL NAME OF (If not in haspital or institut	ian, give street	Maryland	130	Ut
HOSPITAL OR address or lacotion) INSTITUTION		Baltimore	side city fimits, write RU	JRAL and give township)
<u> </u>	5.0 . I	D. STREET ADDRESS (If r	ural, give lacation)	
The Johns Hopkins Hos	PITAL RIED, NEVER MARRIED	1630 Chesco		If Under 1 Yr If Under 24 H
WIDO	owed, DIVORCED (specify)		ast birthday) 83	If Under 1 Yr. If Under 24 H Manths Days Haurs Min.
A. USUAL OCCUPATION (Give kind of work 108, KIN	D OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Slote or foreign		12. CITIZEN OF WHAT COUNTRY?
K.K. KE	tired	14. MOTHER'S MAIDEN NAM	A F	u. S. A.
1/				
Was Deceased Ever in U. S. Armed Forces? es, no or unknown)((f yes, give war or dates of serv	1 6. SOCIAL	17. INFORMANT	38 70 70 7	ADDRESS
No — Great are direction of the services of services o	SECORITI NO.	Mr. De Angs	elis (so	n)
18.4-22,/1	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	,,, A9	CVD 非主节性		vears
(This does not mean the mode of dying, heart failure, osthenio, etc. If means the dis-	e.g., DUE TO			
injury or camplication which coused death.)	(B) Ur	inary tract in	nfection	months
DISEASES OR CONDITIONS, if any, gi	DUE TO			
rise la lhe above cause (A) slafing				
II				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	UTING THE			
3/18/66 WAS PERFORMED	for which operation ic hyperplasi	20A. AUTOPSY? (Yes or Not	IN CERTIFYING CAU	SES OF DEATH?
21A. ACCIDENT WAS UNDERLYING DO CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in at about 21 C. WHERE DID affice bfdg., INJURY OCCUR?	(If in Boltimare	City, give exact lacation)
21D. TIME (Manth) (Day) (Year) (Hour)		21F. HOW DID INJ	URY OCCUR?	-
(APPROX)	While At Wark At War	k 🗀 .		
22. I certify that (I) (this hospital) attend			9 66 to 4/2	2/ 19 66
that (1) (we) last saw the deceased alive			at in (my) (aur) apin	ian death accurred an the d
and haur and from the causes stated aba	ve. (<u>) (</u> We) (<u>did) (</u> dld nat)	view the bady after death.		23B. DATE SIGNED
Chart of V		ttending Med. Director	Staff Phys.	4/23/66
Robert I. Keimowit	7Z M.D	Johns Hopl	kins Hospi	tal
REMOVAL (Specify)	St. Stanis	1 16	OCATION (Cit	y, town, or county) (State
DUTELL TIDS/66 25A. DATE REC'D BY HEALTH DEPT. 25B. NA		25C. FUNERAL DIRECTOR		ADDRESS
APR 27 1966 P 0 6	2 7 0	besigh n	Zeaner /	263 Sanle



Peters

248 NAME OF REGISTRAR

VS 151-REV. 1/1/65

24A. DATE REC'D BY HEALTH DEPT.

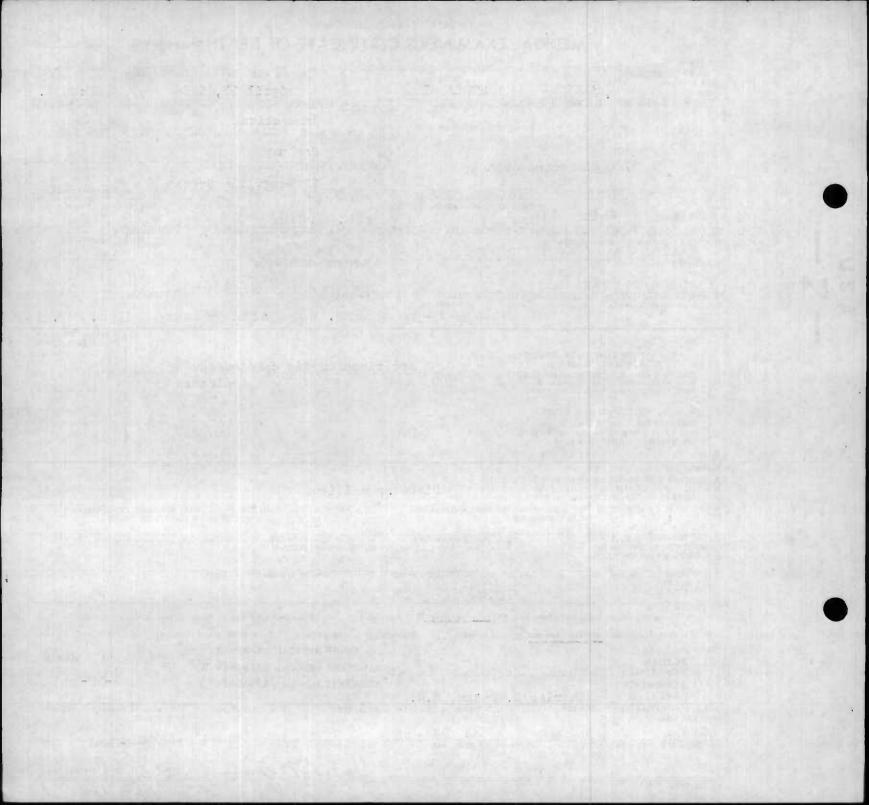
4/25/66

Burial

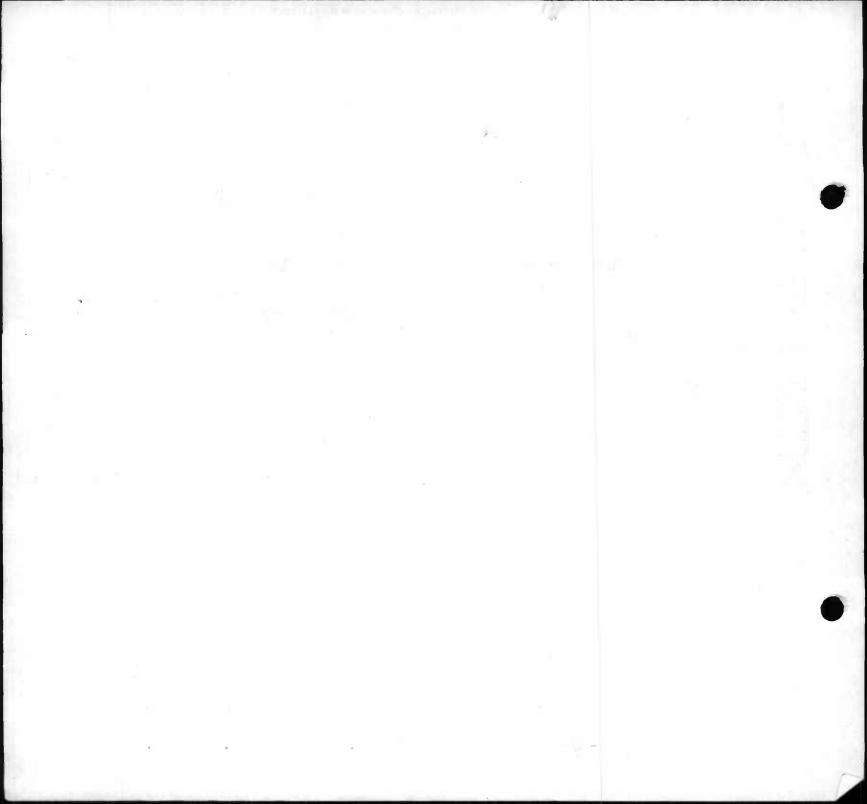
Joseph M. Zennin - 263 S. Con

24C. FUNERAL DIRECTOR

Danbury, Connaposess



		HEALTH DEPARTMENT TE OF DEATH Registered No. (6) 14263				
	TH NO. 86 114283 CERTIFICA	TE OF DEATH Registered No. 100 11200				
1.1	E CASE NO. NAME OF DECEASED Pe or Print!	2. DATE AND HOUR OF DEATH				
	PLACE OF DEATH IN BALTIMORE, MARYLAND	4 123/66 A. USUAL RESIDENCE Where deceased lived, If institution: residence before admission)				
3.	PLACE OF DEATH IN BALLIMORE, MARILAND	A. STATE B. COUNTY				
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN all outside city limits, write RURAL and give, township)				
11/	INSTITUTION	2404 Extens Place Balta Md.				
1	Sinai	D. STREET ADDRESS (If ruro, give location)				
5.	SEX 6. RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birth Doys Hours Min. 6/5/92 15 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.				
10/	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY to during most of working life, even if retired)	11. SHRTHPLACE State or foreign country) 12. CITIZEN OF WHAT COUNTRY?				
<u> </u>	Handyman	Ma. USA				
13.	FATHER'S NICKE	14. MOTHER'S MAIDEN NAME				
	Jacob Murray Wes Decessed Ever in U. S. Armed Forces? 136. SOCIAL	Annie Blake				
	Wes Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO.	1612 McCulloh St.				
	1B. 442 CAUSE OF	F DEATH ONSUFFICIENCY with INTERVAL BETWEEN ONSET AND DEATH				
		CUSPIP, INSUITICIONES AND BEATH				
	LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE TO	igestive mearitalivre year				
	heart failure, asthenia, etc. It means the disease, injury or camplicolian which caused deeth.)	2017				
	ANTECEDENT CAUSES (B) DUE TO	OCVD Years				
3	DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stoting the (C)	3				
	UNDERLYING CONDITION last.					
CAL CERTIFICATION	CAUSE SIGNAL CONTRIBUTIONS OF A STATE OF THE					
ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PICTURE PARTY.	Inguina her nia, Pulmonary Chinism Suspecte				
CERTIFICATION	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	201 AUTOPSY? (Yes of No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?				
CERT	21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	NO				
A A	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examiner)	fice bldg, INJURY OCCUR?				
	21 D. TIME (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?				
MEDI	OF INJURY (APPROX.) While At Not While At Work					
	22. I certify that (I) (this hospital) attended the deceased from	4/8/66, 19 10 4/23 1966				
	that (1) (we) last saw the deceased alive an 4/23	19.60 and that in(my) (our) opinion death occurred on the date				
	and hour and from the couses states above. (I) (We) (did) (did not) v					
24	23A. SIGNATURE M.D. Atte	anding Med. Stoff				
3	Phys	s. Director Phys. 1 7/20/06				
	23C. PHYSICIAN'S NAMETTYPE	Sina i Hassital				
	A. BURIAL CREMATION, REMOVAL (Specily)	MATORY 24D. LOCATION (City, town, or county) (State)				
	Burial 4-28-66 New Catheral	Cem. Balto. Md.				
25	A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS				
	150-REV. 1/1/65	though realing 1348 alfour the				



of death Deceased

hospital

Such

death.

prior

or final disposition is mad

mbalmed

remains

obtained

must

approval

prior to

0

10

was D.O.A. deceased written ap

shows:

CERTIFICATION

MEDIC

21D. TIME

(APPROX.)

on th

ance

attend

BIRTH NO.

M.E. CASE NO.

I. NAME OF DECEASED (Type or Print)

FULL NAME OF

INSTITUTION

Female

13. FATHER'S NAME

70.

5. SEX

HOLMES

(If not in hospital or institution,

10A, USUAL OCCUPATION Give kind of work 10B. KIND OF BUSINESS OR INDUSTR

3. PLACE OF DEATH IN BALTIMORE, MARYLAND

6. RACE

ring most of working life, even if retired) 09

Newro

15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service)

DISEASE OR CONDITION DIRECTLY

LEADING TO DEATH (This does not mean the mode of dying,

hearl failure, asthenia, etc. It means the disease,

ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving to the above cause (A) stating the

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

(Month) (Doy) (Year)

that (1) (we) lost saw the deceased alive an

HEALTH DEPT.

DATE

injury as camplication which caused death.)

UNDERLYING CONDITION last.

21A. ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF

DEATH (notify medical examiner

19 A. DATE OF OPERATION

BALTIMORE	CITY	HEALTH	DEPARTMEN

GENEVA

7. MARRIED, NEVER MARRIED

WIDOWED, DIVORCED (specify)

Widowed

6. SOCIAL SECURITY NO.

578-03-050

CERT	IFICA1	TE OF	DEA	TH

A. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Mary land C. CITY OR TOWN, (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If surel, give location)
4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admission) A. STATE B., COUNTY Mary land C. CITY OR TOWN, (If outside city limits, write RURAL and give township) Baltimore
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Mary And C. CITY OF TOWN, (If outside city limits, write RURAL and give township) Baffimere
C. CITY OF TOWN, (If outside city limits, write RURAL and give township)
1517 Poplar Grove St.
D. DATE OF BIRTH 9. AGE (In years If Under 1 Tr. Months: Doys Hours Min.
11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Lancensbord S.C.
Harmott ?
7. INFORMANT ADDRESS
Shinley flight 1517 Topler Lineves
DEATH INTERVAL BETWEEN ONSET AND DEATH
estimal obstruction
vulus of sigmoid colon
20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
or obout 21C, WHERE DID (If in Boltimore City, give exact location) ce bldg., INJURT OCCUR?
21F. HOW DID INJURT OCCUR?
April 15 19 66 to April 24 19 66
ew the body ofter death.
ding Med. Stoff Phys. 23B. DATE SIGNED April 24, 1966
ding Med. Stoff Phys. D April 24, 1966 BD. ADDRESS Zutheron Hospital of Hary hand
MATORT 24D, LOCATION (City, alown, or county) (Stote)

OF INJURT Not Wh While At Work At Work 22. I certify that (1) (this hospital) attended the deceased from

(Hour

WAS PERFORMED

198. CONDITION FOR WHICH OPERATION

etcJ

and hour and from the causes stated above. (1) (We) (did) (did not)

the moon one from the course		, (,	2007 01101 0001111
manuel II.	Fortarilla	M.D.	Attending Phys.	Med.

Ph

Manuel Manuel M.D.

06structio

21B. PLACE OF INJURY (e.g.,

home, form, foctory, street,

21 E INJURT OCCURRED

25C. FUNERAL DIRECTOR

ADDRESS

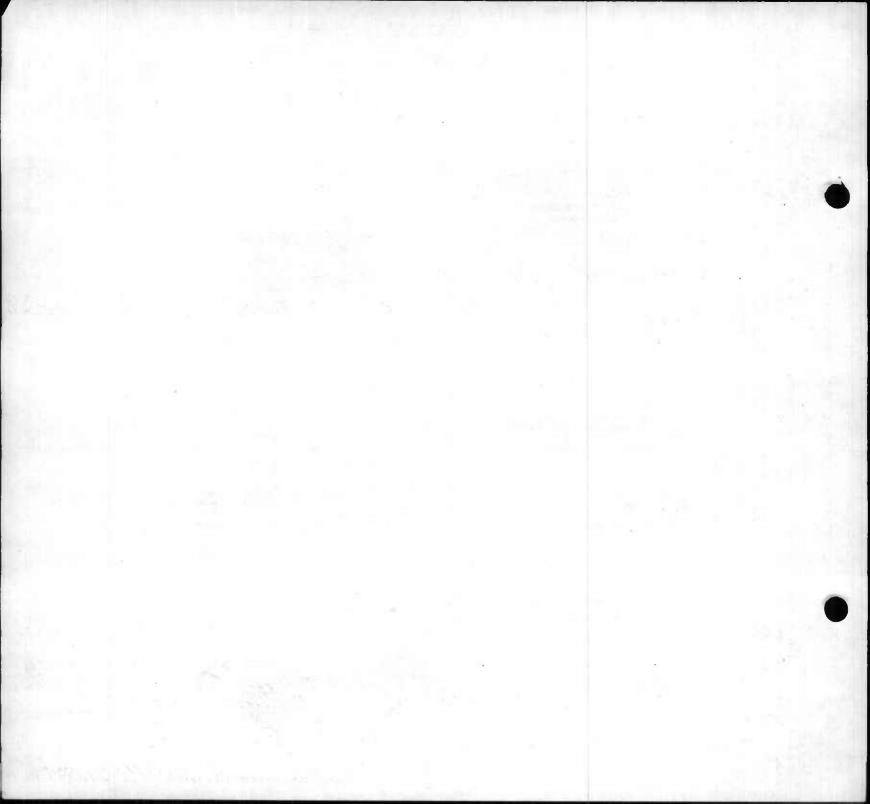
VS 150-REV, 1/1/65

25A, DATE REO'D

23 C. PHYSICIAN'S

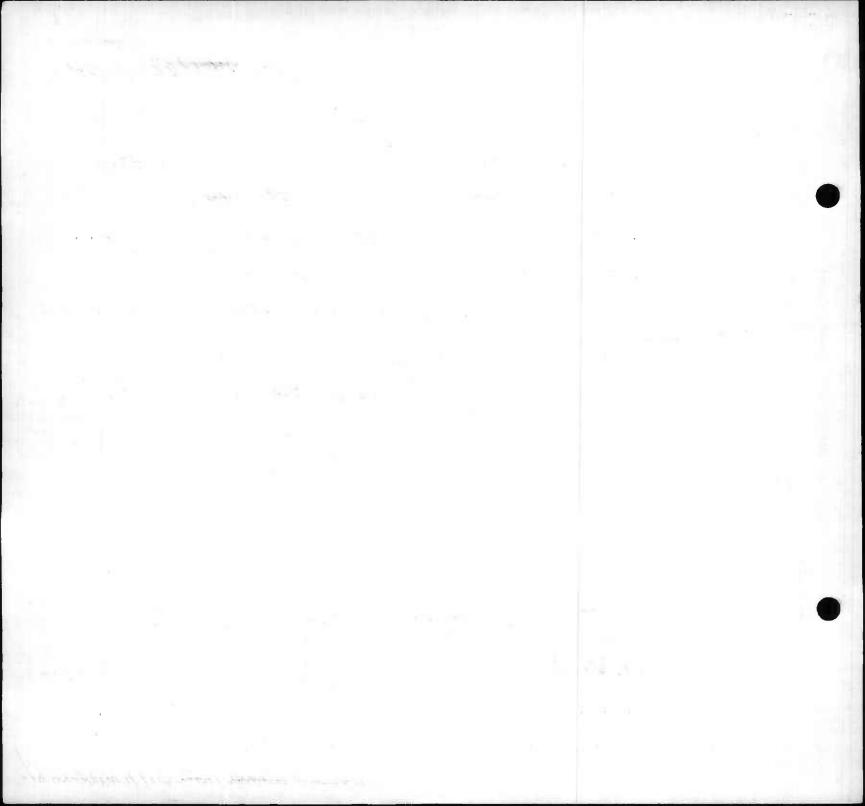
BURIAL CREMATION,

REMOVAL (Specify)



41-24-47 CRF

BETH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. HAMME OF OFFICEASED CIPPO OF Front JOHN RICHARDS JOHN RIN
1. HAME OF DECASED A. PLACE OF DEATH IN SALTIMORE, MARKLAND 3. PLACE OF DEATH IN SALTIMORE, MARKLAND A. STATE RESIDENCE (Whom deceding lived, ill institution frestictions belove odmission) A. STATE RESIDENCE (Whom deceding lived, ill institution frestictions belove odmission) A. STATE RESIDENCE (Whom deceding lived, ill institution frestictions belove odmission) A. STATE RESIDENCE (Whom deceding lived, ill institution frestictions belove odmission) A. STATE RESIDENCE (Whom deceding lived, ill institution frestictions of the deceding lived (ill institution frestictions of the deceding lived, ill institution frestictions of the deceding lived (ill institution frestictions of the deceding lived (ill institution frestictions of the deceding lived (ill institution frestictions of the deceding list (ill institution) B. STATE RESIDENCE (Whom deceding lived, ill institution frestictions of the deceding list (ill institution frestictions of the deceding list (ill institution) B. STATE RESIDENCE (Whom deceding lived (ill institution) frestictions of the deceding list (ill institution) frest (il
3. PRACE OF DEATH IN BALTIMORE, MARRIAND FULL NAME OF (If not in hospitel or institution, give sized oddress or locotion) FULL NAME OF (If not in hospitel or institution, give sized oddress or locotion) FULL NAME OF (If not in hospitel or institution, give sized oddress or locotion) FULL NAME OF (If not in hospitel or institution, give sized oddress or locotion) FULL NAME OF (If not in hospitel or institution, give sized oddress or locotion) FULL NAME OF (If not in hospitel or institution, give sized hospitals 4,940 Eastern Avenue Baltimore, Maryland, #21224 5. SER (ARCI Wolf average) FULL NAME OF (If not in hospitel or institution, give sized hospitals 4,940 Eastern Avenue Baltimore, Maryland, #21224 5. SER (ARCI Wolf average) FULL NAME OF (If not in hospitel or institution) FULL NAME OF (If not in hospitel or institut
FULL NAME OF (If not in hospital or institution, give sheet oddes to location) Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland, #21224 5. SER 6. ACC 7. MARRID, NEVER MARRID 171 9
HOSPITAL OR BALTIMOPE CITY Hospitals 4940 Eastern Avenue Baltimore, Maryland, #21224 D. STREET ADDRESS (If road, give location) 1719 D. STREET ADDRESS (If road, give location) D. STREET ADDRESS
Baltimore City Hospitals 4940 Eastern Avenue Baltimore, Maryland, #21224 5. SER S. RACE D. MARNED, NEVER MARNED NOT SELECT NO
Baltimore, Maryland, #21224 D. STREET ADDRESS (If rook, give location) 1716 S. SEX S. RACE D. Markied Never Markied Widowit O. D. All of Birth O. D. Birth
10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.A. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file, even if relied) 10.B. USUAL OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of working file) 11.B. WARRIED, NEVER MAD OCCUPATION (Give kind of working file) 12.B. PLACE OF INJURY (Give, in or obout [2] C. WHERE DID Mome, form, loclory, street, office bidg., INJURY OCCUPATION (Give kind of kind of working file) 10.B. UNDERLY MAD OCCUPATION (Give kind of kind of kind occupation (Give kind occupation oc
10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE stude of foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. FATHERS NAME 14. MOTHERS MAIDEN NAMA 14. MOTHERS MAIDEN NAMA 14. MOTHERS MAIDEN NAMA 15. VICE 16. SOCIAL 16.
done during most of working pile, even if retired) Accounter
13. FATHERS NAME 14. MOTHER MAIDEN NAME 15. WES Deceased Ever in U. S. Amed Forces? 16. OLIGINATION OF MAIDEN NAME 17. INFORMANT 18. OLIGINATION OF MAIDEN NAME 18. OLIGINATION OF MAID OF MAIDEN NAME 18. OLIGINATE OF DEATH 18. OLIGINATE OF MAIDEN NAME 19. OLIGINATE OL
25. We Decisived Ever in U. S. Amind Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 29-0-993 A RECORDS: BCH, 4940 Eastern Avenue, #21224 18. CAUSE OF DEATH (This does not mean the mode of dying, e.g., heavil failure, asthenic, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating like UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 1974. DATE OF OPERATION 1986. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 218. PLACE OF INJURY (c.g., in or about 216. WHERE DID (III in Baltimore City, give exact location) home, form, locitory, street, office bidg., INJURY OCCUR?
SECURITY NO. SECU
SECURITY NO. SECU
TO DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthering, etc., It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION ASSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION TO THE DISEASE OR CONDITION POR WHICH OPERATION WAS PERFORMED 21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO OR CONTRIBUTING CAUSES OF DEATH? OR CONTRIBUTING CAUSE OF DEATH 22. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 23. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 24. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 25. ACCIDENT WAS UNDERLYING CAUSE OF DEATH? 26. INJURY OCCUR?
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc., II means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONSIDERED CONTRIBUTING CONTRIBUTION CO
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID OR CONTRIBUTING CAUSES OF DEATH? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
hearl failure, asthenia, etc. II means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED 21F. HOW DID INJURY OCCUR?
INJURY or camplication which caused death,) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoling the (C) UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TOR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TOR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSES OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? CITY, give exoct locotion) of the contribution of the
DISEASES OR CONDITIONS, if any, giving isse to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING NAME OF CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING NAME OF CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING NAME OF CONTRIBUTING CAUSE OF DEATH? 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, lorm, loctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
Tise In the above cause (A) stating the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID INJURY OCCUR? etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, lorm, loctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, lorm, loctory, street, office bldg., INJURY OCCUR? 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, lorm, loctory, street, office bldg., etc.) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact locotion) home, lorm, loctory, street, office bldg., etc.) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work At Work
22. I certify that (1) (this haspital) attended the deceased fram 2/15 1966 to 1/24 1966
that (1) (we) last sow the deceased alive on 4/24 19 6 ond that in(my) (our) opinion deoth occurred an the date
and haur and fram the couses stated above. (1) (We) (did) (did nat) view the bady after death.
23A. SIGNATURE M.D. Attending Med. Stoll Phys.
1.1/2.
23C. PHYSICIAN'S NAME (Type) 23 D. ADDRESS
DR. S. D. KREIDER M.D. 4940 Eastern Avenue, Baltimore, Md., #21224 24A. BURIAL CREMATION, 24B. DATE / [24C.NAME/G CEMETERY of CREMATORY / [24D.40 CATION City, laws, or county] (Store)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D OCCITION (Stote)
SUVUU 7/28/766 MUTUUS //MOUBY FOR LOW MUN 7/19. 25A. DATE REC'D BY HEALTH DEPT 25B. NAME OF REGISTRAR 125G. FUNERAL DIRECTOR // ADDRESS A
APR 27 1966 (O. F. E. Farleyma /////www. Yuneral Hours 31991 Selverder St.
VS 150-REV. 1/1/65



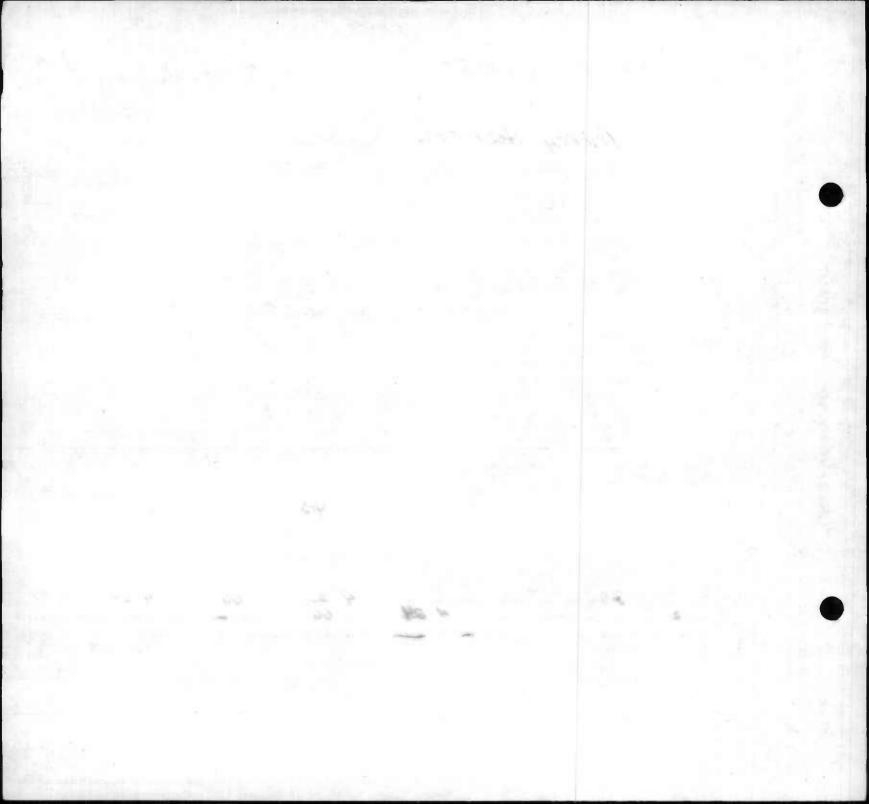
Such

	BALTIMORE CITY	HEALTH DEPARTMENT		CC LAGED
- 11	BIRTH NO. 66 114206 CERTIFICA	TE OF DEATH	Registered Na	66 114200
11	M.E. CASE NO. 1, NAME OF DECEASED (Type or Print) FREAD CONT.	2. DATE AND	HOUR OF DEATH	8 A.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where A. STATE B. COUNT	deceased lived. If inst	titution: tesidence before admission
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	C. CITY OR TOWN (IF outs	ide city limits, write RU	JRAL and give township)
1	nercy HOSPITAL	D. STREET ADDRESS (If it	Jox 290 ural, give location)	36-00
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 19	Te R	If Under 1 Yr., If Under 24 Hrs
	MAKED, NEVER MAKKED		ast birthday)	Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	in country)	12. CITIZEN OF
	done during most of working life, even if retired)	Cont 1 h	/	WHAT COUNTRY?
1	VICE-PRINCIPAL-HIGHSCHOOL	14. MOTHER'S MAIDEN NAN	1 E	UIS,N.
	Takes T South	Annue N	TANNON	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(III yes, give wor or doles of service) SECURITY NO.	17. INFORMAN	117111011	A DDRESS
	1/0	FLANNING FION	e-Same	
	18. 2 3 0 / I CAUSE O	F DEATH	OFFIIC	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	X11	-	2 . 0
	(This does not mean the mode of dying, e.g., (A) DUE TO (7)	copnede		P
	heart failure, asthenia, efc. It means the disease, injury or complication which coused death.)	1-17	Carri	20 Jan
	ANTECEDENT CAUSES (B)	The cher	Creelin	-
	DISEASES OR CONDITIONS, if ony, giving	/Ascun		Jen
	UNDERLYING CONDITION lost,			
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, form, factory, street, of DEATH (notify medical examiner)	n ar obout ffice bldg., INJURY OCCUR?	(If in Boltimore	City, give exact location)
	21D. TIME (Month) (Doy) (Yeor) (Haur) 21E INJURY OCCURRED While At Work At Work		IRY OCCUR?	
	22. I certify that (*) (this hospital) ottended the deceosed fram	4-2	9 66 10	4.24 19 66
	that (3) (we) last saw the deceased alive an 4-24	19 66 and tha	t in(my) (aur) apini	an death accurred on the dat
	and hour and from the causes stated above. (1) (We) (did) (did not) v			
	23A. SIGNATURE M.D. Atte	ending Med.	Stoff 1	23B. DATE SIGNED
		s. Director L	Phys. Ls	4124168
	NAME (TYPE) M- ZAARULLANKHAMO.	23D. ADDRESS Juny	(solute	of Palfmin
1	24A. BURIAL CREMATION, REMOVAL (Specify)	MATORY 24D LO	CATION (City	, tawn, ar county) (State)

25A. DATE REC'D 25B. NAME OF REGISTRAR REC'D BY

250. WHEAL DIEGO Armacost Letaurage ADDRESS ELLSWORTH ARMACOST - HER LIBERTY HEATS

VS 150-REV. 1/1/65



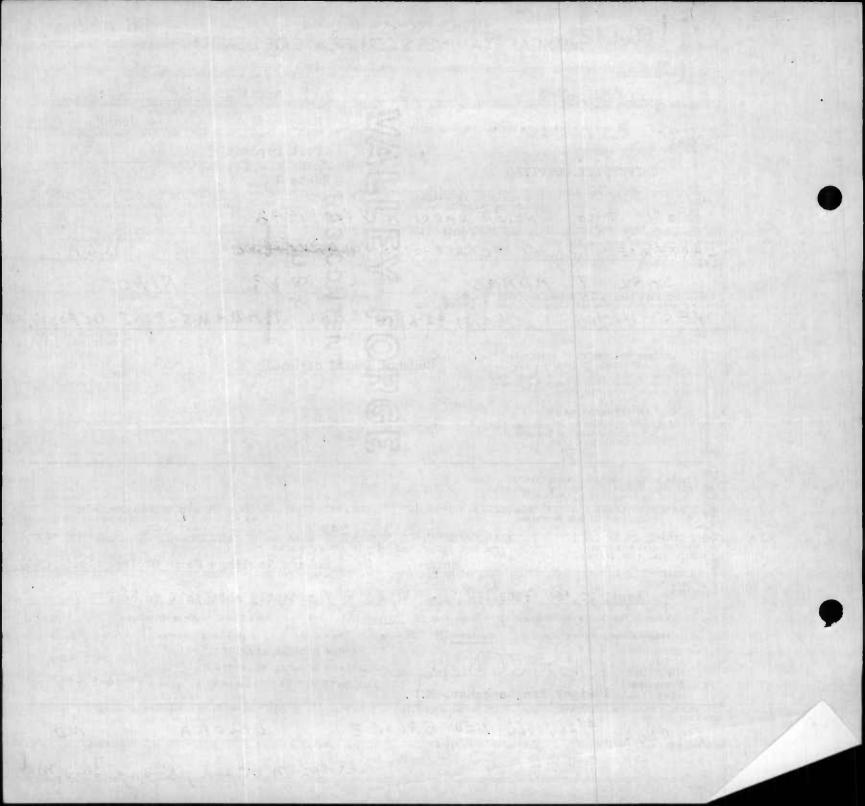
		BALTIMORE CITY	HEALTH DEPARTMEN	Т	
BIRTH NO. 66 042	287	CERTIFICA	TE OF DEAT	H Registered No.	66 04287
1. NAME OF DECEASED				E AND HOUR OF DEATH	1
(Type or Print) Lucy	WWWWWXPRE	STI		4-24-66	8:30 A
3. PLACE OF DEATH IN BALTIN	ORE MARYLAND		4. USUAL RESIDENCE	Where deceased lived. If i	institution: residence before admission
FULL NAME OF (If not i	n hospitot or institution,	give street	MARYLAND	2	0-08
HOSPITAL OR oddress INSTITUTION	or location)		C. CITY OR TOWN	III outside city limits, write	RURAL and give township)
/A ST. AGN	ES HOSPITA	L	BALTO 29	<i>M</i>	
0			115 SOUTH	H AUGUSTA A	/E.
5. SEX 6. RACE	7. MARRIED	D. NEVER MARRIED	B. DATE OF BIRTH	9, AGE (In years	II Under 1 Yr., II Under 24 Hrs
FEMALE WHITE		ED (specily)	10-1-18	lost birthdoyl	Monms Doys Houis Min,
toA, USUAL OCCUPATION (Give done during most of working life, eve		OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote o	r foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE			MARYLAN	ND	USA
3. FATHER'S NAME			14. MOTHER'S MAIDEN		
CHARLES NELSO	N D	EC D	. WYNNYNNY	ma Blesche	DEC 1D
5. Was Deceased Ever in U. S. Yes, no or unknown) (If yes, give	Armed Forces? wor or dotes of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT W	LKENS AVE.	- #29 ADDRESS
		214-01-1040	ST. AGNES	HOSP. RECOF	RDS - CATON &
18. 33 / V I		CAUSE	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR COND		1			
LEADING TO		IAPRO	EPHALOI	YALACIA	+BRAIN EDEMA
(This daes not mean the heart failure, osthenia, etc.					
injury or complication whi			100 1115 0	~2~020	16-102211
ANTECEDENT	CAUSES	B) /Y/	TOPICE C	EREDIAL	- HEHOREHADO
DISEASES OR CONDITIO					
rise to the above co		e (C)			
11					
OTHER SIGNIFICANT CON	DITIONS CONTRIBUTIT	NG			
OTHER SIGNIFICANT CON TO THE DEATH BUT DISEASE OR CONDITION O		HE			
19A. DATE OF OPERATION 21A. ACCIDENT WAS UND	198. CONDITION FOR	WHICH OPERATION	10.00	or No. 20B. IF YES, WERE	FINDINGS CONSIDERED AUSES OF DEATH?
E 0			YES		
OR CONTRIBUTING CAU DEATH (notify medical exam	SE OF ho	B. PLACE OF INJURY (e.g., ime, lorm, foctory, street, c.)	ffice bldg., INJURY OCCU	ID (If in Boltimo	re City, give exoct locotion)
Q 21 D. TIME (Month) (De	y) (Yeoi) (Hour) 21	E. INJURY OCCURRED	21 F. HOW DIE	INJURY OCCUR?	
(APPROX)		Thile At Not Whi			
22 I castify that M (this		- 112		10 66 to AE	PRIL 24, 19.66
that W (wa) last saw the	deceased alive on	APRIL 2/1	10 66		vinion deoth accurred on the do
					onion deorn accurred on the do
ond hour and from the co	uses stoted obove.	view the body after de	ath.	238, DATE SIGNED	
250. 3101121011	lunde	un M.D. AH	ending Med.	Stoff &	238, DATE STORED
OCC BUYSICIANS		Phy		Phys.	
23C.PHYSICIAN'S NAME (Type)			23D. ADDRESS		0. 29, MD.
MANFRED F	AMRHEIN	M.D.	OT & MONES		CATON & WILKENS
24A. BURIAL CREMATION, 24B. REMOVAL (Specify)	DATE 24C.	NAME of CEMETERY of CR	EM ATORY 24	D. LOCATION	City, town, or county) (Stote)
		66 Holy Redeen		Balto, Md.	
25A. DATE REC'D BY HEALTH I		OF REGISTRAR	25C. FUNERAL DIRE		ADDRESS
APR 27	1200 (1750)	E. Jackey M.A	G. Truman	Schwab 3512 Fr	rederick Ave. Balto.
110 200 0011 2/2/40					

Local of the same 1 3

. The second sec

VS 151-REV. 1/1/65

BIRTH	NO. 6	6 042MED	ICAL EXAM	AINER'S C	ERTIFICATE	OF DEA	TH Register	red Na	U4<0	
	ASE NO.									
1. NAME OF DECEASED (Type or Print)				2. D	ATE AND HOU	R PRONOUNCE	DEAD			
		JAMES ADAM				April 2			7:00	A M.
		IMORE, MARYLAND, W			A. STATE Mary		d lived. If insti B. COU	nty Ceo		dmi s sio n)
HOSPIT	AL OR	ADDRESS OR LOCA	AL OR INSTITUTION,	GIVE STREET	c. city or town (If outside corpor Deposit	ote limits, write	RURAL on	d give townsh	iip)
7	UN	IVERSITY HOS	PITAL		D. STREET ADDRESS Route	(If rurol, give lo	cotion)			
5. SEX	ale	6. RACE White	7. MARRIED, NEVE WIDOWED, DIVOR NEVER N		8. DATE OF BIRTH	4b 9. 1 lost	GE (In years birthdoy)		1 Yr. If Unde Doys Hours	
C A	ring most of v	PATION (Give kind of working life, even if refired) 17ERS HEL	TOR KIND OF BUSH		40.000.0		у)	12. CITIZEI WHAT	COUNTRY?	,
	CA	RL T.	ADAMS		LORRA	NE	R	IAI	F	
	DECEASE	D EVER IN U.S. ARMED	FORCES? 16.50		17. INFORMANT		,	ADDRESS		
(Yes, no	F C	Ilf yes, give wor or dote	2/19/8412	CURITY NO.	CARI	TAD	PAA C	PART	DED	ACIT
CAUSE OF DEATH INTERVAL BETWONSET AND DE DISEASE OR CONDITION DIRECTLY									TWEEN	
	heort loilure,	LEADING TO DEATH of mean the mode of osthenio, etc. It means application which coused	dying, e.g., the discose,	DUE TO	wound of he	eau			000000000000000000000000000000000000000	
	DISEASES	NTECENDENT CAUSE OR CONDITIONS, IF A E ABOVE CAUSE (A) S' IG CONDITION LAST.	NY, GIVING	DUE TO) o age o
12	TO THE	II VIFICANT CONDITIONS DEATH BUT NOT RE R CONDITION CAUSING	LATED TO THE						~~~	
19A	DATE OF	OPERATION 19B. CON WAS PER		OPERATION	20A. AUTOPSY? IYes		TIFYING CAUS			,
OUN	DERLYING	CAUSE WAS OR CONTRIB- SE OF DEATH.	218, PLACE home, form etc.l	OF INJURY (e.g., i , factory, street, a	ffice bldg., INJURY OC	CUR?				4.
Exam Robert Rawlings Farm (Colora Cecil 215 TIME Month) (Doyl (Yeer) (Hour) 216 INJURY OCCURRED 217 HOW DID INJURY OCCUR?							I Co.			
April 22, 66 6:30R, WHILE AT NOT WHILE X Accidently shot self in head										
	1 cert	Ify that I held an I		rea	[]	t an this bosi				
	resul	ted fram: Natural ca	uses Accide	Sulcide			mined manne	or L		
ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE							DATE SIG	NED		
	EXAMIN NAME (Breitenecke	er, M.D.	ASSOCIATE MEDIC	CAL EXAMIN	ER		4-23-6	6
	URIAL CRE/ /AL (Specily			ME OF CEMETERY OF		23D. LOCATIO	N (City,	town, or co	runty) (Stote)
	BURI ATE REC'D	AL 4/26/ BY HEALTH DEPT.	1966 NE	W BRID	G E	COL	ORA	14	M.	D
		APR 27 1966	80.68	Jankey MA	Rall -		. 1 @	. ,	1.	244



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death cahows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. IMPORTANT FUNERAL DIRECTOR:

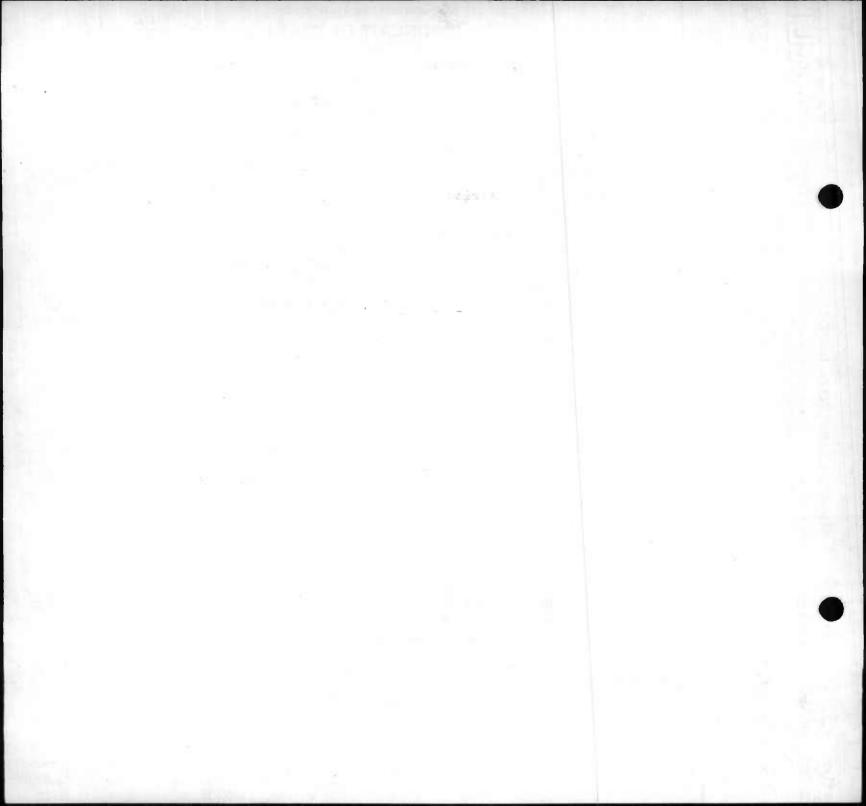
66 042	Date	BALTIMORE CIT	Y HEALTH DEPARTMEN	NT	66 04289
BIRTH NO. OO UTA		CERTIFICA	TE OF DEAT	H Registered No.	00 04209
M.E. CASE NO. 1. NAME OF DECEASED	KALANO	(1/(97		TE AND HOUR OF DEATH	1
(Type or Print) ALI	hA to	LANDROS		4-25-66	1132 PM
. PLACE OF DEATH IN BAL			4. USUAL RESIDENCE	(Where deceased lived. If	institution: residence before admission)
FULL NAME OF (If n	ot in hospital or institution	, give street	Marylan	d AA	
HOSPITAL OR Add	ass or location)		C. CITY OR TOWN		RURAL and give township)
> 50 BA	LTO, GEN, H	tosp1/AL		Burnie	62-00
3			D. STREET ADDRESS	(If rural, give location)	
. SEX 6. RACE	7. MARRIE	D, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. (f Under 24 Hrs.
		ED, DIVORCED (specify)		lost birthdoy)	Months Doys Hours Min.
Female Whi	ive kind of work 10B, KIND	WICON OF BUSINESS OR INDUSTR	7 April 190		12. CITIZEN OF
one during most of working life,	even if retired)				WHAT COUNTRY?
3. FATHERS NAMES	Res	staurant	West V	irginia	USA
Williams Deceased Ever in U.	Amed Forces?	1 6. SOCIAL	Ethe	1 L. Conners	2248DDA
(es, no or unknown) (If yes, giv	e wor or dotes of service	SECURITY NO.			en Burnie, Mi.
No		213-18-0048		s Boteler, 100	2 Glenvilla,
18.603X	I DITION DIRECTLY	CAUSE	OF DEATH		ONSET AND DEATH
	TO DEATH	H	CLITE M.	I.	74H
	he mode of dying, e.g				
injury ar complication v	etc. It means the diseas thich coused deoth.)	е,	CHE		
ANTECEDE	NT CAUSES	(B)	CITI	*******************************	***************************************
DISEASES OR COND		/ / / //	VIW INE	AKCTION - OU	p? WAKKUU
UNDERLYING CONDIT	couse (A) stating th ION last,	e (c) 970	C MAD 1 PT	7,00, 70.	
	1				
	NOT RELATED TO		MI		30 plas
	CAUSING IT.	OCI	20A. AUTOPSY? (Yes	a. Noll 208 IE was sures	EINDINGS CONSIDERED
THE OF OPERATION	WAS PERFORMED	WHICH OFERATION	20A. AUTOPST! (Tes		E FINDINGS CONSIDERED AUSES OF DEATH?
19A. DATE OF OPERATIO		B. PLACE OF INJURY (e.g.,			ore City, give exact (acotion)
OR CONTRIBUTING C.		ome, form, foctory, street, c.)	office bldg., INJURY OCC	U R?	
	(Doy) (Year) (Hour) 2	E. INJURY OCCURRED	21F. HOW DI	D INJURY OCCUR?	
OF INJURY (APPROX.)		/hite At Not Wh			
22. I certify that (I) (t				19 to	19
	the deceased alive an		10		pinion death accurred an the date
		(I) (We) (did) (did nat)			or death accorded an the dan
23A. SIGNATURE	C00363 310160 000V6.	(17 (0.67 (0.10) (0.10 1.101)	view the body direct di	edin.	23 B. DATE SIGNED
801	1 / 71	MA M.D. At	tending Med.	Stoff Phys	5/24/10
23C. PHYSICIAN'S	S SA	Ph Ph	ys. Director	Phy s.	3/2/00
NAME (Type)	U	M.D.			
4A. BURIAL CREMATION, 2	48. DATE 24C.	NAME of CEMETERY OF CI		24D. LOCATION (City, town, or county) (State)
REMOVAL (Specify)					
Burial 5A. DATE REC'D BY HEALT	27 Apr. 66	Glen Haven N	25C. FUNERAL DIR	Glen Burn:	ADDRESS
APR 2	1966 R.C. B	- E. FarleyMA			Glen Burnie, Md.
/S 150-REV. 1/1/65				_ 4.102 4.4 1.0100 9	

A 1 M . 1 La E TALLET PRINT to , and an of the design of t 13 46 ACCTE NI SHID CERCLUS INFARCTION CON LOCKER OU MI 30 DWS Edward of Hoffen

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

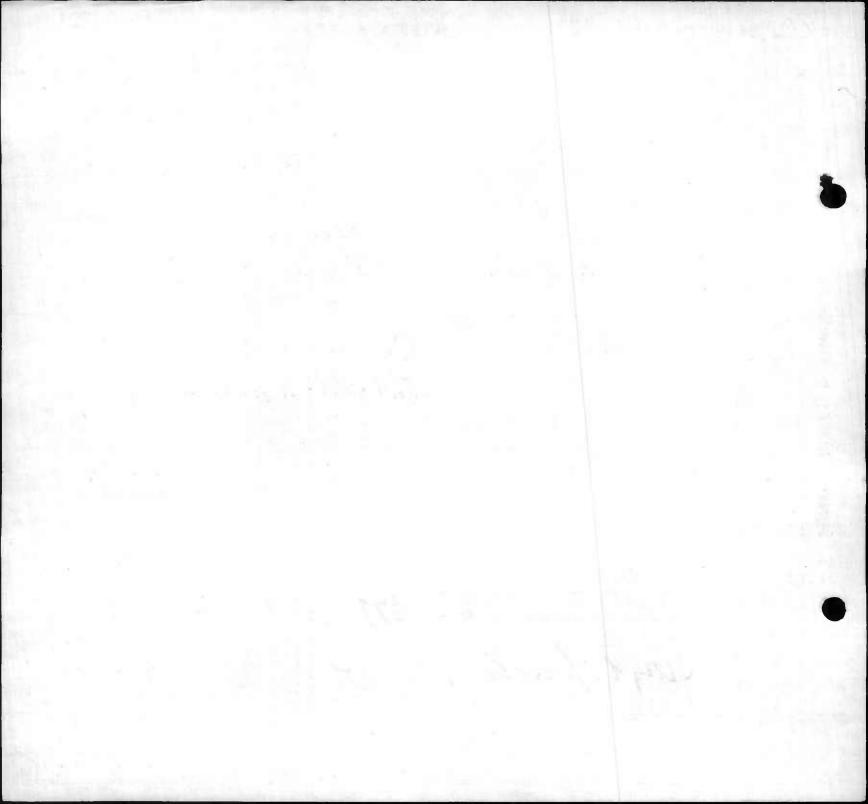
		BALTIMORE CITY	HEALTH DEPARTMENT	00 - 10-
	BRTH NO. 66 ()429()	CERTIFICA	TE OF DEATH Registere	на. 66 (1429()
	M.E. CASE NO. I. NAME OF DECEASED		2. DATE AND HOUR OF D	FATH
	(Type or Print) Nellie	B. Swartz	April 25, 19	7 00
	3. PLACE OF DEATH IN BALTIMORE MA		4. USUAL RESIDENCE (Where deceased five	
			A. STATE B. COUNTY	0 7-13
	FULL NAME OF (If not in hospital HOSPITAL OR address or location	or institution, give street	Haryland	1 1 3
	MOTITITION		C. CITY OR TOWN (If outside city limits,	write RURAL and give township)
	5501 Roland A		Baltimore D. STREET ADDRESS (If ruiol, give location	and and
.0	Baltimore, Man	ryland 21210		
made	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In year	
2	Female	WIDOWED, DIVORCED (specify) Married	lost birthdoy)	Months Doys Hours Min.
is	White		Dec. 6, 1897 68	
	toa, USUAL OCCUPATION (Give kind of wordone during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-5-	Chairman of the Board	Farboil Paints	Ohio	
osi	13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
disposition	Jermah Buckley		Lilly Lane	
	15. Was Deceased Ever in U. S. Armed Fo	rces? 16. SOCIAL	17. INFORMANT	ADDRESS
final	(Yes, no or unknown) (If yes, give wor as dot	7	r. Charles Robins 2700	Ken Oak Road #15
		KIJ=20=070I		INTERVAL BETWEEN
0	18. 491 X	CAUSE O	P DEATH	ONSET AND DEATH
P	DISEASE OR CONDITION DI		Jones OMOURE	2001 40
E	(This does not mean the mode of		Frouche- / Meumi	nco jary
Pa	heart failure, asthenia, etc. It means injury or complication which coused			· ·
embaimed	ANTECEDENT CAUSE			
	DISEASES OR CONDITIONS, if	DUE TO		1,00
are	rise to the above couse (A)			
n S	UNDERLYING CONDITION 10 st.		1	
0	, II		1/2 1	
remains	OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING ATED TO THE	Einson's diseas	2
the	U 19A DATE OF OPERATION 1198 COL	NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES.	WERE FINDINGS CONSIDERED
	WAS PER	RFORMED	IN CERTIFIE	G CAUSES OF DEATH?
fore	U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i	n or about 21C. WHERE DID (If in B	oltimore City, give exact location)
pe	DEATH (notify medical examiner)	etc.)	and singuisting the second	
0	Q 21D, TIME (Month) (Day) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
aine	OF INJURY (APPROX.)	While At Not Whi		
pta		Work Al Work	12 / -	Pn. 25 1+
op	22. I certify that (I) (this hospita		1910	Coport 13 1966.
pe	that (1) (we)-last saw the deceas	ed alive on Opt 2	2 19 / O O and that in (my) (e) apinian death accurred an the date
	and have and from the causes sto	ted abave, (1) (We) (did) (did-not)	view the bady after death.	
must	23A. SIGNATURE	14/2//	. /	238. DATE SIGNED
	William C	THE Fried M.D. Att	ending Med. Stoff Phys.	Cypt 26,66
proval	23 C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	0
pr		M.D.		

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY DATE 24D. LOCATION (City, town, or county) (State) Hebrew Friendship Cemetery 4/27/1966 Burial Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. APR 27 19 PLSS & E TO ADDRESS allo. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65



Such

		HEALTH DEPARTMENT 66 04291
	BRTH NO. 66 04291 CERTIFICAT	TE OF DEATH Registered No. 00 114291
	T. NAME OF DECEASED (Type or Print)	2. DATE AND HOUR OF DEATH
1		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before offmission) A. STATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street hOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
	100 11 montamen St	D. STREET ADDRESS (If rurol, give location)
	100000	108 W. Montgomery Street
	M Negro Marila	DATE OF BIRTH 9. AGE (In Years 11 Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (G/ve kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 1 done during most of working life, even if retired)	Baltinue Ma
	13. FATHER'S NAME	4. MOTHER'S MAIDEN NAME
	15, Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL T	Turnel Wheatly Address
	(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO.	Thelma B Bonden 1080 montalines &
	18.141.9 1 CAUSE OF	DEATH . INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Cimon 4 5700000 18 100.
	(This does not meon the made of dying, e.g., heart foilure, osthenio, etc. It meons the disease, injury or camplicolian which coused death.)	Astt. 10
	ANTECEDENT CAUSES (B) DUE TO	to stave for Minion in I day
	DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoling the (C)	/
	UNDERLYING CONDITION Iosi.	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in home, lorm, foctory, street, office) PEATH (notify medical examiner)	or obout 21C. WHERE DID (If in Boltimore City, give exact location) ce bldg., INJURY OCCUR?
	21D. TIME (Month) (Doy) (Yeer) (Hour) 21E. INJURY OCCURRED OF INJURY	21F. HOW DID INJURY OCCUR?
	Work At Work	
	22. I certify that (I) (this hospital) attended the deceased from Mathat (I) (we) last saw the deceased alive an 4 - 2	19 19 19 19 10 4 2 1 19 66
	and haur and fram the causes stated above. (I) (We) (did) (did nat) vice	/ •
	23A. SIGNATURE M.D. Atten	ding Med. Stoff 238. DATE SIGNED
	23C. PHYSICIANS NAME (Type) 23	D. ADDRESS
	JERRY C. LUCK M.D.	427 SWALE Rd. (35)
	24A. NAME of CEMETERY OF CREA	AATORY 24D. LOCATION (City, town, or county) ARUNDEC CO MICH. (Stote)
	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS ST.
	APR 27 1966 P. C. tarkey M. A. VS 150-REV. 1/1/65	I. L BROWN FON 123 W. MONTGOMER)
	73 130-nc 7, 17 17 U3	



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

00 040	(O)	BALTIMORE CITY	HEALTH DEPARTMENT		00 04000
BIRTH NO. 66 ()42	92	CERTIFICA	TE OF DEATH	Registered No	66 04292
M.E. CASE NO.				ND HOUR OF DEATH	
(Type or Print)	CATHERINE M.	PERRY		4-24-66	9.50 A M.
3. PLACE OF DEATH IN BALTIM	ORE, MARYLAND		4. USUAL RESIDENCE (Whe	ere deceased lived. If ins	titution: residence before admission)
HOSPITAL OR oddress	hospital or institution, give or location)	street	MARYLAND	itside city limits, write Ri	URAL and give Idwaship
INSTITUTION	AGNES HOSPIT	ΔΙ	BALTIMORE 1	7	owner one give to whomps
	N & WILKENS		D. STREET ADDRESS (IF	rurol, give location)	
BALT	IMORE 29, MD		1701 EUTAW	PLACE (MAR	LBOROUGH APTS.)
S. SEX 6. RACE FEMALE WHIT	7. MARRIED, NE WIDOWED, E MARRIE	IVORCED (specify)	8. DATE OF BIRTH 3-13-04	9. AGE (In years lost birthdoy) 62	Months Doys Hours Min.
10A. USUAL OCCUPATION (Give k	ind of work 108, KIND OF BU				12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even	R HUTZLER	BROTHERS	BALTIMORE,		USA
13. FATHER'S NAME EDWARD HEALY		(DE010)	14. MOTHER'S MAIDEN NA	-	
		(DEC ¹ D)	CATHERINE	SMITH	(DEC D)
15. Was Deceased Ever in U. S. / (Yes, no or unknown) (If yes, give w	Armed Forces? 1 6 or or dotes of service)	SECURITY NO.	17. INFORMANT CATON	AVE #2	ADDRESS
NO	2	15 072 606	ST. AGNES H		
DISEASE OR CONDI	TION DIRECTLY	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
LEADING TO	DEATH	(A) MEN	INGIDMA		
(This does not meon the				00 00 00 00 00 00 00 00 00 00 00 00 00	0 mm 0 m 0 m 0 m m m m m m m m m m m m
injuly at camplication which	h coused death.)	BI	RAIN ABS	CESS	
ANTECEDENT		DUE TO	2/11/0		
DISEASES OR CONDITIO		(6)			
UNDERLYING CONDITION		10/	8	00 m2 mm m2 0 mm mm mm mm mm 0 mm m 0 m0 m 0 0 0 m0 0 0 0	
OTHER SIGNIFICANT COND TO THE DEATH SUT N					
A DISEASE OF CONDITION C		CH OPERATION	20A. AUTOPSY? (Yes or N	ol 208. IF YES WERE EI	INDINGS CONSIDERED
O PETIT	WAS PERFORMED			IN CERTIFYING CAU	SES OF DEATH?
OR CONTRIBUTING CAUS DEATH (notify medical examin	E OF home,	ACE OF INJURY (e.g., in form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore	City, give exoct location!
Q 21 D. TIME (Month) (Doy	Year) (Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID IN.	JURY OCCUR?	
S OF INJURY (APPROX)	While Wark	At Work			
22. I certify that (M (this			MARCH 11	19 66 to Al	PRIL 24, 19 66 .
thatXXX(we) lost sow the	deceased olive on	APRIL 24	19 66 and th	notin (m) (our) opin	ion death occurred on the date
and hour and from the cou					
23A. ŞIGNATURE	~ A	7 (2.2) (2.3 1101) (Town the body offer decime		23B, DATE SIGNED
1 1 milouder	M Davos	M.D. Atte	nding Med.	Stoff Phys.	
23 C. PHYSICIAN'S	··· O Gara			VE #29	
NAME (Type)	7	M.D.	ST. AGNES HO		CATON & WILKENS
24A. BURIAL CREMATION, 24B.	DATE 24C. NAM	E of CEMETERY OF CRE			y, town, or county! (Stotel
BURIAL (Specify)		ON PARK MEME	1,000		
25A. DATE REC'D BY HEALTH D			25C. FUNERAL DIRECTO	BALTIMORE,	MARYLAND ADDRESS
APR 271		. Farky MA			7 WILKENS AVE. #29
VS 150-REV. 1/1/65	AND VILLA				

Lucier - Lander Lander :=: Markette and the Control of the Cont BERNE SHIPS JAMES TO Market and the second of the s

and

hospital

rect or antributing cause (4) Undehrmined cause; (5)

any

4

3

(2) Body

medical

by

to the hospital

the body was released

approved

any nature;

of

An accident

E

shows:

VS 150-REV. 1/1/65

occurre

BALTIMORE CITY HEALTH DEPARTMENT Registered Na._ CERTIFICATE OF DEATH BIRTH NO. of death Deceased te on the M.E. CASE NO. 2. DATE AND HOUR OF DEATH APRIL 23 (Type ar Print) WRIGHT DOLORES X DOLORES S. WRIGHT 4. USUAL RESIDENCE (Where deceased lived. If institution: lesidence before admission)
A. STATE
B. COUNTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance (If not in hospital or institution, give street FULL NAME OF addiess at location) HOSPITAL OR (If autside city limits, write RURAL and give township) INSTITUTION 0 BALTIMORE AGNES HOSPITAL prior D. STREET ADDRESS (If rural, give lacation) WILKENS & CATON AVES. FOREST made egular. MARRIED NEVER MARRIED WIDOWED, DIVORCED (specify) 9. AGF (In years last birthday) If Under 196 If Under 24 His. Haurs ecessed 37 5-31-28 MARRIED OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 2. CITIZEN OF disposition done during most of working life, even if retired) WHAT COUNTRY? = U.S.A. Ö HOUSEWIFE SD 13. FATHER'S NAME the 14. MOTHERS MAIDEN NAME 3 ELIZABETH SUDINA ALBERT SMITH death E O 15. Was Deceased Ever in U. S. Armed Faices 6. SOCIAL final (Yes, no ar unknown) (If yes, give war ar dates of service) SECURITY NO. attendance AGNES HOSP RECORDS 26 5914 ST. NO CAUSE OF DEATH pronounced INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY pem LEADING TO DEATH IThis does not meon the mode of dying, e.g., embal hearf failure, asthenia, etc. It means the disease, regular injuly of camplication which coused death.) ANTECEDENT CAUSES ho are DISEASES OR CONDITIONS, if any, giving ₹ rise to the above cause (A) stating the physician UNDERLYING CONDITION lost. remains Was ICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes ar Na) the 208, IF YES, WERE FINDINGS CONSIDERED CERTIFI WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID hame, faim, factory, street, affice bldg., INJURY OCCUR? (except where ; and (6) No ph (If in Baltimare City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner) etc.) MEDIC obtained 21D. TIME (Manth) (Day) (Year) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Nat While While At (APPROX) Wark At Wark 22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive on APRIL 66 pe and that in(my) (aur) apinian deoth accurred an the date hospital death) and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending Med. Director Staff M.D. 0 Phys. approval D.O.A. a. O 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) EWALDO WELSS M.D. AGNES HOSPITAL deceased written ap 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) BURIAL 4-26-66 LOUDON PARK CEMETERY BALTIMORE. MARYLAND MOS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS HUBBARD FUNERAL HOME, 4107 WILKENS AVE. #29 The Alasta Market and State & State Designation of the Land

The Market Barrier

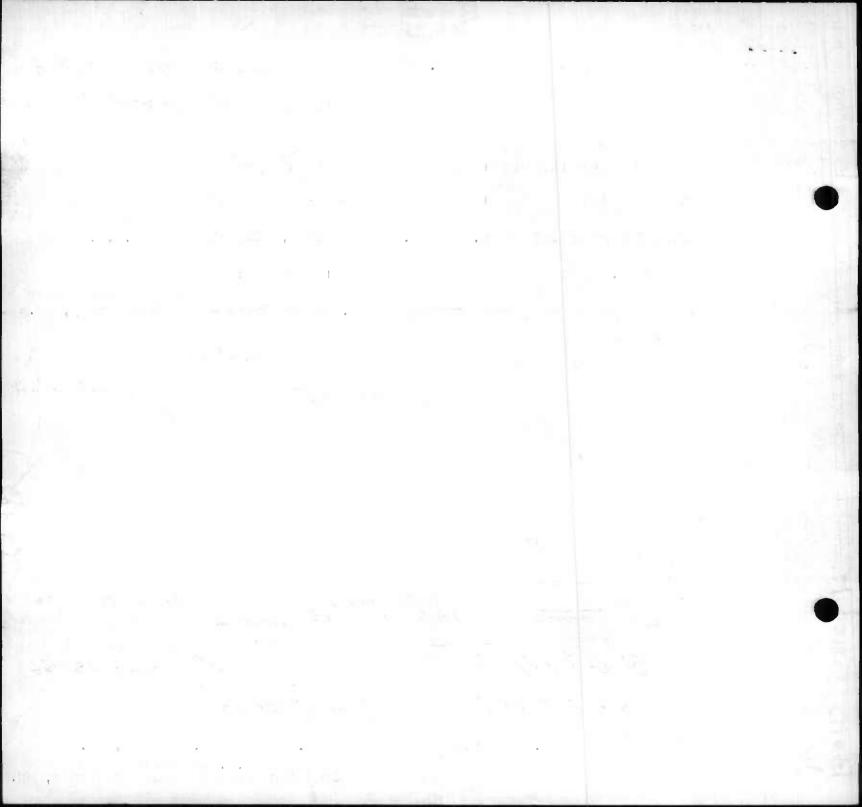
THE PROPERTY OF STREET

La Allen La Service (C.

Mark Trees

2 To the least of an in

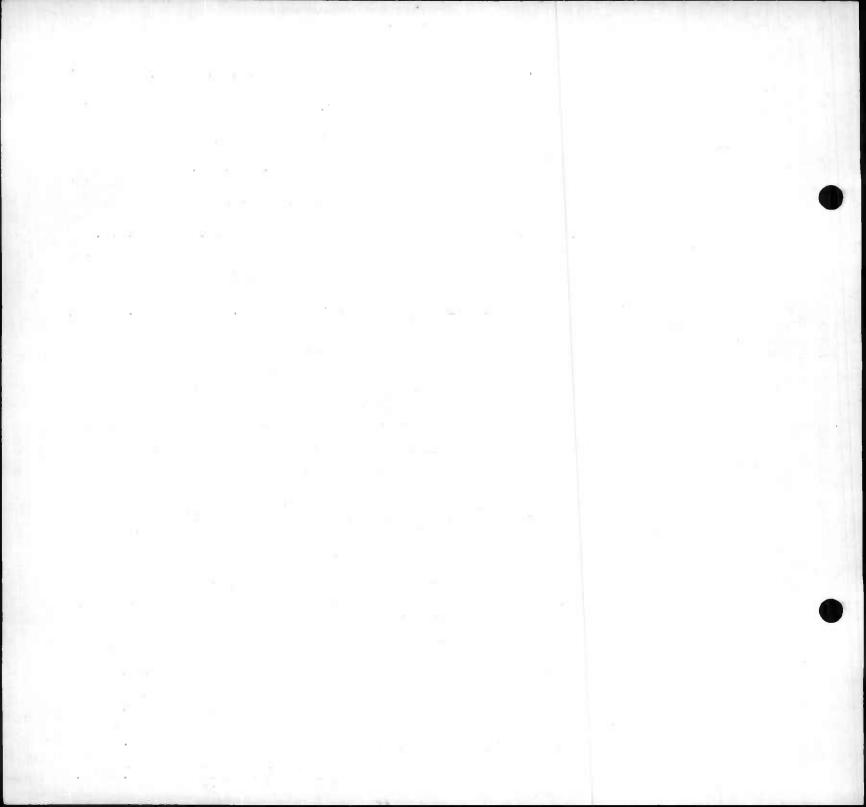
1 3320	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 04294
DEDOE BIRTH NO. 68 11	4294 CERTIFICA	ATE OF DEATH Registered No	0. 00 (73740)
M.E. CASE NO.	A Per (/)	2. DATE AND HOUR OF DEAT	Н
(Type or Print)	JAMES BOTTS ST.	April 251	966 1 1240 AM
	OAIILO DOITO	April 25 1 4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
	,	A, STATE B, COUNTY	
FULL NAME OF (If not hospital or oddress	in hospitol or institution, give stieet	MARYLAND Anne Ar	
E B B D Q INSTITUTION			e ROKAL ONG GIVE TOWNSHIP
32. A		DENTON D. STREET ADDRESS (If rurol, give location)	0.60 0.6
10_ E 0 8.2	avina Haanini		
5. SEX 16. RACE	7. MARRIED, NEVER MARRIED	RT #1 Box 354 8. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., If Under 24 Hrs.
MALE WHIT	WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Days Hours Min.
MALE WHIT	E MARRIED • kind of work 10B, KIND OF BUSINESS OR INDUSTR	12-28-89 76	la divisió de
done during most of working life, ev Railroad Fores		T BIRIMPLACE (Stote of foreign country)	12. CITIZEN OF WHAT COUNTRY?
Railroad Fore	man(ret) Penn. R/R Co.	Fairfax, Virginia	U.S.A.
13. FATHER'S NAME		Fairfax, Virginia	
done during most of working life, every Railroad Forest 13. FATHER'S NAME MICHAEL C. B	0.7.7.0	Detect Have	
	OTTS Anned Forces? 16. SOCIAL	BRIDGET HAMILTON	ADDRESS
15. Was Deceased Ever in U. S (Yes, no or unknown) (If yes, give	wor or doles of service) SECURITY NO.	935	Sunnybrook Drive
E	Unknown	Mr. Norman Botts -	Glen Burnie, Md.
O .	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
E	DITION DIRECTLY	- 10	
LEADING 1	O DEATH	Judden Asystole	
	e made at aying, e.g., DUE TO c. It means the disease,		
heart failure, asthenia, et injury or complication wh	rich caused death.)	11 45 (1/1)	unde terming
ANTECEDEN	T CAUSES (B)	Sidden Asystole HASCVD	70000
DISEASES OR CONDIT	IONS, if any, giving		
tise to the above of			
E OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING		
	NOT RELATED TO THE		
19A. DATE OF OPERATION	198. CONDITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	RE FINDINGS CONSIDERED
19A. DATE OF OPERATION	WAS PERFORMED	YES IN CERTIFYING	LAUSES OF DEATH?
OR CONTRIBUTING CA	DISE OF A home form featons about	in or obout 21C. WHERE DID (If in Boltim office bldg., INJURY OCCUR?	nore City, give exact location!
OR CONTRIBUTING CA DEATH (notify medical exa	miner) 10 home, form, foctory, steet,	omce bidg, INJURI OCCUR:	
O 21D. TIME (Month) (E	oy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
21D. TIME (Month) (E OF INJURY (APPROX.)	While At Not W		
(APPROL)	Work L At Wo		
22. I certify that (1) (th	is hospital) attended the deceased fram	May 1965 to 1	priL 19 1966
that (I) (we) last saw th	ne deceased alive an April 19	1966 and that in (my) (aur) a	pinian death accurred an the date
and have and from the	auses stated abave. (1) (We) (did) (did nat)	view the bady after death.	
3 CONTACTOR			23B, DATE SIGNED
17077	ert Rollent M.D. A	ttending Med. Stoff Phys.	ANIL 29,1966
OOC BUYCLELAND		23D. ADDRESS	111
23C. PHYSICIAN'S NAME (Type)	est R. Keust M.	-	
		Johns Hopkins	96
	B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION	(City, town, or county) (Stote)
Burial 25A. DATE REC'D BY HEALTH A P. 9 7 106	28 Apr. 66 Trinity Method	istCh Cem. Patuxant, O	denton. Md.
25A. DATE REC'D BY HEALTH	DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR R. V. Singl	ADDRESS ADDRESS
APR 27 196	5 R. P. B. E. Fallenna	Singleton Funeral Ho	me/Glen Burnie. Md
VS 150-REV, 1/1/65			Gastiage Ho



a hospital and

	н но. 66 04295	BALTIMORE CITY			66 04295
	H NO. OU UELOO	CERTIFICA	TE OF D	EATH Registered I	10.
1. N.	AME OF DECEASED			2. DATE AND HOUR OF DEA	ATH
	Viola	K. Timmons		April.25, 19	66 9.55 A If institution: residence before admission
3. P	PLACE OF DEATH IN BALTIMORE, MA	RYLAND	A. STATE	DENCE (Where deceased lived. B. COUNTY	If institution; residence before admission
H	FULL NAME OF (If not in hospitol of oddress or location NSTITUTION	or institution, give street	C. CITY OR TO	WN (If outside city limits, wr	ite RURAL and give township)
1			D. STREET ADD	imore RESS (If rurol, give location)	
1	Union Memorial	Hospital		114 W.36th. St.	
5. S	EX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRT	79. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 H Month's Doys Hours Min.
IOA.	Female White USUAL OCCUPATION (Give kind of work	Widowed TOR KIND OF BUSINESS OR INDUSTRY	Oct,	20, 1892-73 (State or foreign country)	12. CITIZEN OF
	during most of working life, even if retired) House Wife			shington, D.C.	WHAT COUNTRY?
13. 1	FATHERS NAME		14. MOTHERS A		U.D.R.
	Luther Eckert				
15. \	Wes Deceesed Ever in U. S. Armed Fere	ces? 16. SOCIAL s of service) SECURITY NO.	17. INFORMANT	Katie Walford	ADDRESS
(no	213 - 28-2224	Rolan	d Timmons.522chu	rch St. 21225
	18. 16.20	CAUSE O		D	INTERVAL BETWEEN
	DISEASE OR CONDITION DIR	ECTLY		-17.	ONSET AND DEATH
	LEADING TO DEATH	(A) / O1	5000	ery Nrom	our fero how
	(This does not mean the mode of heart failure, asthenia, etc. It means		I	1 0	. //
	injury or camplication which coused	deoth.)	hes low	sine One	dromaculer
	ANTECEDENT CAUSES	DUE TO	good X		
	DISEASES OR CONDITIONS, if	14-11	Reas	2	Measo
	UNDERLYING CONDITION Iosi.	storing in		***************************************	
					- f
ATION	OTHER SIGNIFICANT CONDITIONS C TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING I	TED TO THE			
	19A. DATE OF OPERATION 19B. CON WAS PERI	DITION EOR WHICH OPERATION	20A. AUTOPS		ERE FINDINGS CONSIDERED CAUSES OF DEATH?
0	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	home, lorm, foctory, street, o			more City, give exact location)
ō	DEATH (notify medical examiner)	etc.)			
	21 D. TIME (Month) (Day) (Year) (APPROX.)	(Hour) 21E INJURY OCCURRED While At Not Whi	le 🗀	OW DID INJUKY OCCUR?	. /
		Work At Work		655	1-25-66
	22. I certify that (1) (this haspital	// _// n		10 2	7 00 19
	that (1) (we) last saw the decease	d alive an	100	and that in (my) (a)	apinian death accurred an the a
		ed abave. (1) (We) (did) (did nat)	view the bady a	ifter death.	
	23A. SIGNATURE			Med. Stoff	123B. DATE SIGNED
	23C. PHYSICIAN'S MAME (Type)	Phy	23D. ADDRESS	Director Phys.	YA A
	X/aMes 5.	Saffel M.D.	Keis	Teas TONK	X
24A	REMOVAL (Specify)	24 AME ef CEMETERY er CR	EMATORY	24D. LOCATION	(City, town, or county) (State
	Burial 4/28,19	966 St. Marys (Hampo	den)	Baltimore	Md.
25A	. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR		AL-DIRECTOR . 4	ADDRESS
	ADD 27 1966	VO O RE STANDARDE	410	No 1	814 W. 36th. S

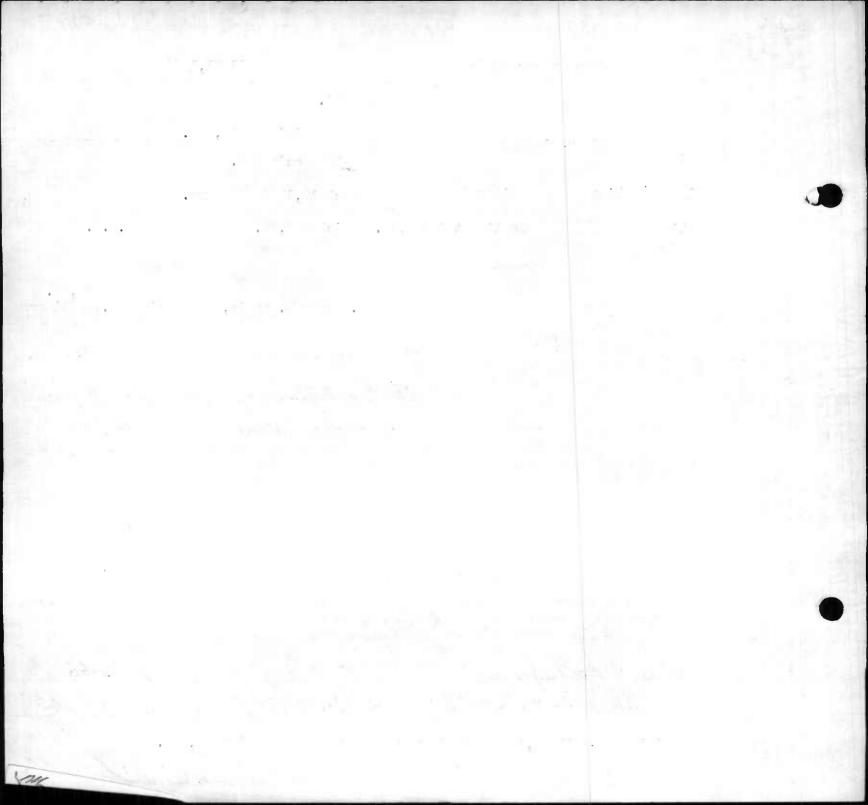
24A. BURIAL CREMATION, REMOVAL (Specify) M.D. 24D. LOCATION (City, town, or county) Md. Burial Baltimore
256 FUNERAL DIRECTOR 4/28,1966 258 NAME OF REGISTRAR (Hampden 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 36th. W. 814 VS 150-REV. 1/1/65



0-		1		1	,	
	77	900	70	6	£	
	č	=	6)	£	U	
	=	0	S	4	3	
		0	0		S	
	_	TO	0	=		
	0		ě	0	÷	
	- 5	*	×	-	=	
	0	0	-	9	8	
	S		-	ĕ	0	
	0	S	רא	=	70	
	-	5		T		
	-	8	40	ĕ	0	
	-	U	47	0	-	
	5	-	2	+	1	
	•	01	0	=	0	
	70	Ë	U	0	-	
	0	-	0	-	0	0
	1	5	0	8		T
	- 5	10	=	=	T	0
	Ü	1	=	-	0	Ε
N.	NU	=	=	0	S	
	. 0	0	0	L	0	-5
	.0	Ü	+	_	2	=
	Ŧ		0	E	0	0
	ō	-	0	-	T	1
	0	0	=	W		-
	0	+	_	0	0	0.0
	Non	O	1	3	F	ŏ
	•-	0	4		-	S
-	-	.=	-	-	-	=
	=	0	֓.	+	0	0
1	0	-	ě	0	_	Ξ
-	S	9	Ξ.	0	0	9
<u></u>	100	=	~	0	0	.=
-	S		>	-	=	4
)	O	-	=	0	×	-
	W		8	2	č	Q
	.=	0	No.	=	-	70
2	-	S	0	3	+	0
	-	4	0	0	÷	F
	U	-	F	=	0	÷
FUNERAL DIRECTOR: IMPORTANT	-		3	0	Ba .	0
2		6)	t	-	8	9
-	.=	ě	8	-	=	5
,	=	.=	-	0	-	0
_	-	E	-	ě	6)	-
	9	8	4	>	L	9
ш	- 2	×	_	>		8
2		0	3	-	5	
	=		_	2	•-	5
3	ü	75	:0	.=	W	.=
_	-=	ŭ	Ë	.0	0	0
	0	=	-	S	3	E
1	9	0	5	>	-	0
		9	-0	-	=	-
K	140	=	>	0	.0	0
И	0	_ '	T	0	U	£
7	-	0	0	Ē	2	+
	U	-	8	+	>	0
7	40	6	-	d	上	-
L	-	_	N	2	Q	Fo
	+	-	_	0	0	0
	-	+	-	-	ž	9
	6	-=	L	3	-	-
	_	S	5		-	4
	ਰ	0	=	=	9	č
	9	£	20	-	_	•=
	2	-	-	C	O	0
	2	16	>	X	F	5
	0	+		0	0	0
	0	0	0	-		-
	0	5	-	-	2	96
	ds	_	0	0	누	تد
	20	0	+	.=	-	10
		9	E	0	0	5
	S	23	0	5	T	Ē
	5	0	0	0	-	2
	5	=	ū	-	0	=
		0	0	0	-	0
	0	Ban .	0	-	2	2
	=	15	5	0		2
	icate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	L at a hospital (except where the physician who pronounced death was in regular attendance on the (prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such	oproval must be obtained before the remains are embalmed or final disposition is made.
	.=	3	-	1	0	0

VS 150-REV. 1/1/65

			BALTI	MORE CITY	HEALTH DEPARTME	NT	66 04296
BIRTH NO	66 0	4296	CER	TIFICA	TE OF DEAT	TH Registered No	00 04230
	OF DECEASED				2. DA	TE AND HOUR OF DEAT	Н
(Type or F	J C	hn Andrew				April 21,196	66 M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND			A. STATE B.	E (Where deceased lived, If COUNTY	institution: residence before odmissian)		
HOSPIT INSTITU	AL OR addres	in haspitol or inst is or location)	itution, give street		C. CITY OR TOWN		e RURAL and give tawnship)
0	ñood	Nursing	Home	1919		imore 29, 11d. (If rurol, give location)	25-31
	6. RACE	12. 44	ARRIED, NEVER MAR	0.100	Total Total	ia Ave.	
s. sex Male	White	W	DOWED, DIVORCED	(specify)	March 12,1		If Under 1 Yr. If Under 24 Hrs. Manths Doys Haurs Min.
dane durin	L OCCUPATION (Giv) most of working life, ev LCOU	en if retired)	ontinental		11. BIRTHPLACE (State Richmond		12. CITIZEN OF WHAT COUNTRY?
13. FATHE	RS NAME				14. MOTHERS MAIDE	N NAME	
			nown			Unk	mown
(Yes, na or	eceased Ever in U. S unknown) (If yes, give	wor ar doles of s	ervice) 1 6. SOCIAL SECURITY		17. INFORMANT	24 2 400 =	ADDRESS, Id.
NO 18.	lvor	ne .		CAUSE OF		. Meads, 039 L	INTERVAL BETWEEN
10.	DISEASE OR CON	DITION DIRECTLY	,				ONSET AND DEATH
	LEADING 1		,	Marit	Parent	Ti	2 da.
	does not mean the failure, asthenio, et		, e.g.,	DUE TO			
	or complication wh		.)	00	0		2 100
	ANTECEDEN	T CAUSES	(1	B) CV2-	while	· · · · · · · · · · · · · · · · · · ·	10-1537.
rise	ASES OR CONDIT	ause (A) slolin	giving g the	c) Chr.	Englyse Myozar	Litis	1830
	11						
NO TO TO OTH	ER SIGNIFICANT CON THE DEATH BUT ASE OR CONDITION	NOT RELATED	IBUTING TO THE				
			FOR WHICH OPERA	TION	20A. AUTOPSY? (Yes	or No. 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
U 21A.	ACCIDENT WAS UNI	DERLYING	218 PLACE OF IN	IJURY (e.g., in	or obout 21 C. WHERE	DID (If in Baltim	ore City, give exoct location)
OR C DEAT	ONTRIBUTING CAL H (natify medical exa	USE OF —	hame, form, foctoretc.)	ry, street, of	ice bldg., INJURY OCC	U R?	
21 D. 1	TME (Month) (D	oy) (Year) (Hou	1) 21E INJURY OCC	URRED	21 F. HOW D	ID INJURY OCCUR?	
E (APPR			While At	Nat While			
22. 1	certify that (1) (thi	s-hospital) otte	nded the deceased	from	9- 27-	1965 to	4-21- 1966
thot	1) (wa) lost sow th	ne deceased oli	re on	1-21-	1966		plnion death occurred on the date
ond l	our and from the c	ouses stated ob	ove, (I) (We) (did)	(did not) vi	ew the body after d		
23A. S	IGNATURE		0				23B. DATE SIGNED
7	Charles R	Sallars	2 . Da :	M.D. Aller	nding Med.	Stoff Phys.	2-23-66
23C.P	HYSICIAN'S	r R. Ba	Mager Sr	M.D.	3D. ADDRESS	iv A Bo	17 25 MA
24A. BURI	AL CREMATION, 24 OVAL (Specify)	B. DATE	24C. NAME of CEME	TERY or CRE	MATORY	24D. LOCATION	(City, town, or county) (State)
		April 25,1	966 Ward 1=	wn Cem	eterv	Woodlawn,	20 e
	APR 27	DEPT. 258. N	IAME OF REGISTRAR	Deg MAN	25C. FUNERAL DIR		ADDRESS / 8
/C 160 DE	V. 1/1/65	YAS		-	1 congr	11. I RENE	1 theore Co,



occurred in a hospital and

was in regular attendance on the

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

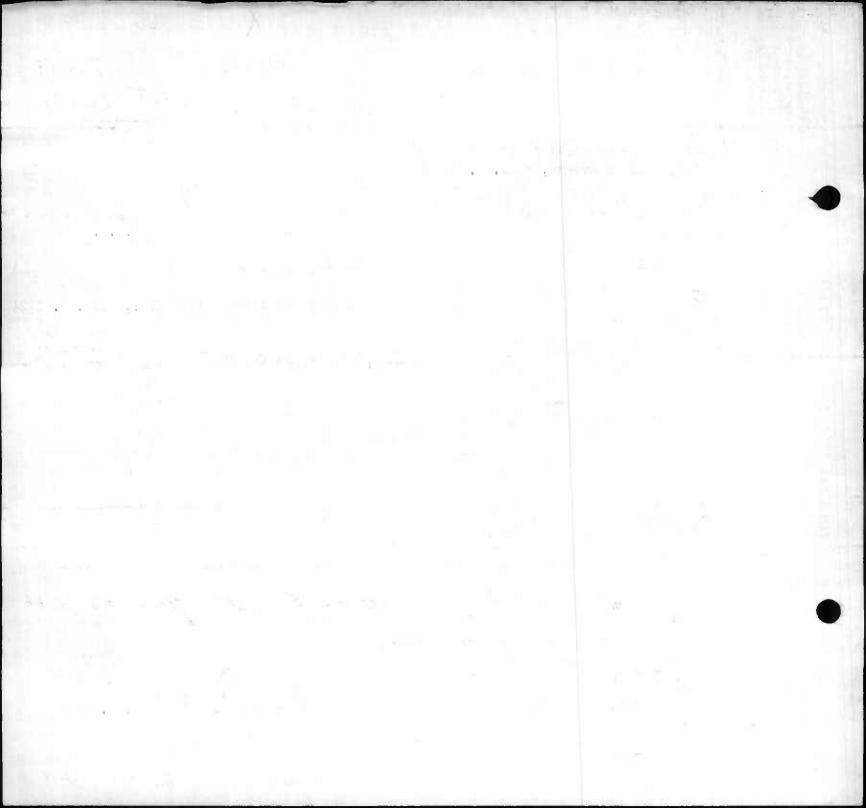
was D.O.A. at a hospital (except where the physician who pronounced death

This certificate must be approved by the chief medical examiner or his assistant if death

100		BALTIMORE CIT	HEALTH DEPARTMENT	CO CACTOR
-	TH NO. 60 (14297	CERTIFICA	TE OF DEATH \ Res	gistered No. 66 U4297
1, N	IAME OF DECEASED Pe of Print) RVING C	OOK	2. DATE AND HOL	18 OF DEATH 7:251
3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceded A. STATE B. COUNTY	osed lived. Il institution: residence before admis
1	FULL NAME OF (If not in hospital or institut HOSPITAL OR address or location) INSTITUTION	ion, give street	MARYLAND C. CITY OR TOWN (If outside cit	ALVERI COUNTY by limits, write RURAL and give township)
1	BALTIMORE CITY 7	HOSPITALS	D. STREET ADDRESS (If rurol, gi	ve locotion)
	4940 Eastern Avenue, Balt	o.Md. 21224		
5. 5	MALE NEGRO WIDG	MYKKED, NEVER MARRIED DWED, DIVORCED (specily) MYKKED	7-4-06 lost birt	(In years II Under 1 Yr. II Under 24 Months Doys Hours Mi
	USUAL OCCUPATION (Give kind of work 10B, KIN e during most of working life, even if refired) Farmer	D OF BUSINESS OR INDUSTRY	MARYLAND	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13.	FATHER'S NAME WARNIE		ANNIE LOUIS	
	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Tes	s(ng) or unknown) (If yes, give wor or dotes of serv	218-12-9437	RECORDS: BCH 4940	Eastern AVe., Balto.Md.21
	18./80X1		F DEATH	INTERVAL BETWEEN
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	#	yper NepHROM	
	(This daes not meen the made of dying, heart foilure, osthenia, etc. It meens the disc injury ar camplication which coused death,)	v.g.,	J	
()				
	ANTECEDENT CAUSES	(B)		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, gi	DUE TO		
		DUE TO ving		
MOIL	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO	Ving The (C)		
RTIFICATION	DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION IN WAS PERFORMANCE.	UTING THE	20A. AUTOPSY? (Yes or No) 20B.	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH?
AL CERTIFIC	DISEASES OR CONDITIONS, if any, give to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19R. CONDITION IN WAS PERFORMANCE.	UTING THE	20A. AUTOPSY? (Yes or No) 20B. Yes n or obout 21C. WHERE DID	IF YES, WERE FINDINGS CONSIDERED ERTIFYING CAUSES OF DEATH? YOS (II in Boltimore City, give exact locohon)
DICAL CERTIFIC	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating underlying condition tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED CONDITION OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	DUE TO ving The (C) JTING THE FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., independent of the control	20A. AUTOPSY? (Yes or Not 20B. IN C Yes n or obout 21C. WHERE DID INJURY OCCUR?	CERTIFYING CAUSES OF DEATH? Yes (Il in Boltimore City, give exact location)
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A-DATE OF OPERATION 19B. CONDITION WAS PERFORMED AND PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	DUE TO ving The (C) JTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., independent of the control	20A. AUTOPSY? (Yes or No) 20B. Yes n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR?	CCUR?
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED AND CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	DUE TO ving The (C) JTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., independent of the control	20A. AUTOPSY? (Yes or Not 20B. IN C Yes nor obout 21C. WHERE DID INJURY OCCUR? 21F. HOW DID INJURY OCCUR?	CCUR?
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, girise to the abave cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED IN THE CONTRIBUTION OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (this hospital) attends that (we) last saw the deceased alive	JTING THE OR WHICH OPERATION 21R. PLACE OF INJURY (e.g., inhome, lorm, loctory, street, orter). 21E. INJURY OCCURRED While A1 Not Whithout A1 Work. an Additional A1 Work.	20A. AUTOPSY? (Yes or No) 20B. Yes n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC	CCUR?
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED AND CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.)	JTING THE OR WHICH OPERATION 21R. PLACE OF INJURY (e.g., inhome, lorm, loctory, street, orter). 21E. INJURY OCCURRED While A1 Not Whithout A1 Work. an Additional A1 Work.	20A. AUTOPSY? (Yes or No) 20B. Yes n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC	CCUR?
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, ginse to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTOR THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION IN WAS PERFORMED (AND PROPERTY OF CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (this hospital) attends that (we) last saw the deceased alive and hour and from the causes stated above 23A. SIGNATURE	DUE TO ving The (C) JTING THE FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., independent of the control	20A. AUTOPSY? (Yes or No) 20B. Yes n or about 21C. WHERE DID lifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 19	CCUR? Ita Deltimore City, give exact location) CCUR? Ita Deltimore City, give exact location) 19 19 19 23 R. DATE SIGNED
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, gives to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A.DATE OF OPERATION 19B. CONDITION WAS PERFORMED AND PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) (APPROX.) 22. I certify that (this hospital) attends that (we) last saw the deceased alive and haur and from the causes stated above	DUE TO ving Ihe (C) JTING THE FOR WHICH OPERATION Le RAIN 218. PLACE OF INJURY (e.g., independent of the community of t	20A. AUTOPSY? (Yes or No) Yes n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC 19 19 19 wiew the bady after death. And Director Phys., 2 23D. ADDRESS Baltimore C	CCUR? Ita APRIL 20 19 The apinian death accurred an the 123R. DATE/SIGNED. Ty Hospitals
MEDICAL CERTIFIC	DISEASES OR CONDITIONS, if any, girise to the above cause (A) stating UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION WAS PERFORMED OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21A. ACCIDENT WAS UNDERLYING OF INJURY (APPROX.) 21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) 22. I certify that (this hospital) attend that (we) last saw the deceased alive and haur and fram the causes stated above 23A. SIGNATURE 23CPHYSICIAN'S NAME (Type) 24B. BUMAL CREMATION, 24B. DATE 24	DUE TO ving The CC JTING THE FOR WHICH OPERATION Le PAIN 218. PLACE OF INJURY (e.g., independent) 218. PLACE OF INJURY (e.g., independent) 218. INJURY OCCURRED While At Not White At Work ed the deceased from on AMIL 20 ve. (I) (did) (did) M.D. Att Phy	20A. AUTOPSY? (Yes or No) Yes n or obout 21C. WHERE DID lifice bidg., INJURY OCCUR? 21F. HOW DID INJURY OC 19 19 19 and that in (rew the bady after death. 23D. ADDRESS Baltimore C 4940 Eastern Avenu EMATORY 24D. LOCATIO	CCUR? Ita APAIL AO 19 The apinian death accurred an the 23R. DATE SIGNED Ty Hospitals e, Baltimore, Md. 21224 ON (City, town, or county) (Sto

258. NAME OF REGISTRAR

VS 150-REV. 1/1/65



			CITY HEALTH DEPARTMENT	er man
BIRTH NO.	66-042	98 CERTIFIC	CATE OF DEATH Registered h	10. 110 114298
M.E. CASE 1. NAME OF (Type or Print)	DECEASED	eth E. Austin	2. DATE AND HOUR OF DEA	230 P
3. PLACE C	F DEATH IN BALTIMORE	MARYLAND	4. USUAL RESIDENCE (Where deceased lived. A. STATE B. COUNTY	If institution: residence before admis
FULL NA HOSPITA (NSTITUT	L OR oddress or loca	tol or institution, give street ption)	Mde C. CITY OR TOWN (If outside city limits, wr	ite RURAL and give township)
()		709 Lactona Road #14	Baltimore D. STREET ADDRESS ((f rurol, give locotion)	63-00
			2709 Lactona Road #34	
5. sex	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 5-3-1878 9. AGE (In yeors lost birthdoy) 87	If Under 1 Yr. If Under 24 Months Doys Hours M
IOA, USUAL		work 108, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	usewife	Housewife	Littlefalls, W.Va.	U.S.A.
13. FATHER	SNAME		14. MOTHER'S MAIDEN NAME	
	Eldridge			ne Tichnel
15. Wos De	ceased Ever in U. S. Armed known) (If yes, give war or	forces? dotes of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No		None	Mr William G. Neary 2709	Lactona Road A
1B. 3	3/11	CAUS	E OF DEATH	INTERVAL BETWEEN
1	DISEASE OR CONDITION		cribal Vasentar	7.2.1.
(TL:	LEADING TO DEA	(A)	ceciduit	o-were
	loes nat mean the made siture, asthenia, etc. 11 me	al dying, e.g., DUE TO	1	
injury	or camplication which cau	sed death.)	finting dines	2 years
	ANTECEDENT CAU	SES (B)	Cettrioselvosi Cettrioselvosis	Z
	SES OR CONDITIONS,	if any, giving	accurately of	10 cpas
	a the above cause (RLYING CONDITION last,	A) slaving the (C)	- Cities Colleges	
	- 11			
E TO T	SIGNIFICANT CONDITIONS	ELATED TO THE		
		ONDITION FOR WHICH OPERATION	[20A. AUTOPSY? (Yes or No)] 20B. IF YES, WE	RE FINDINGS CONSIDERED CAUSES OF DEATH?
DI 19A. DA	WAS	PERFORMED	200 IN CERTIFYING	CAUSES OF DEATH?
U 21 A. A	CCIDENT WAS UNDERLYING CAUSE OF		.g., in or about 21 C. WHERE DID (If in Balti t, office bldg., INJURY OCCUR?	more City, give exact location)
Q 21D, TI		or) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
S OF INJ	URY		While	
22. I c	ertify that (1) (this hosp	ital) attended the deceased from	3-6-2- 1966 to C	pro 25 196
that (I	(we) last saw the dece	osed alive on lepril 7	15 1966 and that in (my) (our)	
		stated above. (1) (**********************************		
	NATURE		/	23B. DATE SIGNED
	Giorga	Decuyar M.D.	Attending Med. Stoff Phys.	4/26/6
	YSICIAN'S	for	Phys. Director Phys. 23D. ADDRESS	11 188
	ME (Type) GLORG	E SAWYERN	2.7 7 14 42 1-	e Rd.
	L CREMATION, 248. DATE	24C. NAME of CEMETERY OF		(City, town, or county) (Str
REMO	VAL (Specify)		2.6	
25A. DATE	REC'D BY HEALTH DEPT.	-1966 Pisgah emeter	25C. FUNERAL DIRECTOR	
	27 1066 A	2 P. C. Fr. A.	of Director	ADDRESS (3
1 641	THE PARTY OF THE P	7 1 V) /" 1 1 / 1 2 V MARKET WAR	- 10000 H - 10110 - 11	11 mm . "14/1/18 . / a

Morganstown W. Virginia 28-1966 Pisgah emetery ial 4- 28
REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR Fr. Coma 0 1966

VS 150-REV. 1/1/65

None

Cribal Vacedar Cerbust Cribal Crimoselenous Cemulaja Crimiosel

00 1.	1423	BALTIMORE CITY H	HEALTH DEPARTMENT		0.0 1424
BIRTH NO.	MED	DICAL EXAMINER'S	CERTIFICATE OF	EATH Registe	ored No. OU 112 GU
M.E CASE NO.					
1. NAME OF DE	CEASEDS.			HOUR PRONOUNC	
Rob	ert GLADDEN			3/66	7.50 PM
		WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where	deceased lived. If inst B. COL	itution: residence before odmissio
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOC	TAL OR INSTITUTION, GIVE STREET (ATION)	C. CITY OR TOWN (If oulside		e RURAL ond give township)
	St.Agnes	Hosp. (DOA)	D. STREET ADDRESS (If rurol,	give locution)	
			16 Dartmouth		
5. SEX Hale	6. RACE White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH May 29, 1898	9. ACE (In years lost burnday)	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
done during most of	working life, even if retired		STRY 11. BIRTHPLACE (Stote or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
13, FATHER'S NA	s & Electric	90. 1100.	14. MOTHER'S MAIDEN NAME		0.5.X.
	Durham Gladde		Ella Miller		
	ED EVER IN U.S. ARME		17. INFORMANT		ADDRESS
Yes, no or unknow	n) (If yes, give wor or do	tes of service) SECURITY NO.	Margaret E. Gl	adden	
DISEASES RISE TO TH UNDERLYI	not mean, the mode or, ostherio, etc. It mean omplication which coused antecendent CAUS OR CONDITIONS, IF HE ABOVE CAUSE (A) NG CONDITION LAST	SES ANY, GIVING DUE TO			
OTHER SIG	II SNIFICANT CONDITION	S CONTRIBUTING			
E DISEASE C	DEATH BUT NOT R	ELATED TO THE			
0 2	F OPERATION 198, CO	NOTION FOR WHICH OPERATION REFORMED	yes	OB. IF YES, WERE FI IN CERTIFYING CAU YES	NDINGS CONSIDERED SES OF DEATH?
UNDERLYING UTING CAL	OR CONTRIB-	21B. PLACE OF INJURY (home, form, foctory, streetc.)		f in Boltimore City, gi	ve exact location)
21D TIME OF INJURY (APPROX.)	(Month) (Doy) (Ye	WHILE AT TO N	21F. HOW DID INJU	RY OCCUR?	
	rtify that I held on		Autopsy X and that on thi	bosis, deoth in r	my opinion
resu	Ited from: Natural c	auses X Accident 3	icide Homicide U	ndetermined monn	er
4.0	. ///	21 17.7 ()	CHIEF MEDICAL EX		DATE SIGNED
SIGNAT	TURE ///	avenas	M.D. ASSISTANT MEDICAL EX	princes.	4-24-66
NAME ((Type) Rudige:	r Breitenecker, M.D.		AMINER	

23D. LOCATION (City, town, or county) (Stote)

23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify) 23C. NAME OF CEMETERY OF CREMATORY Loudon Park

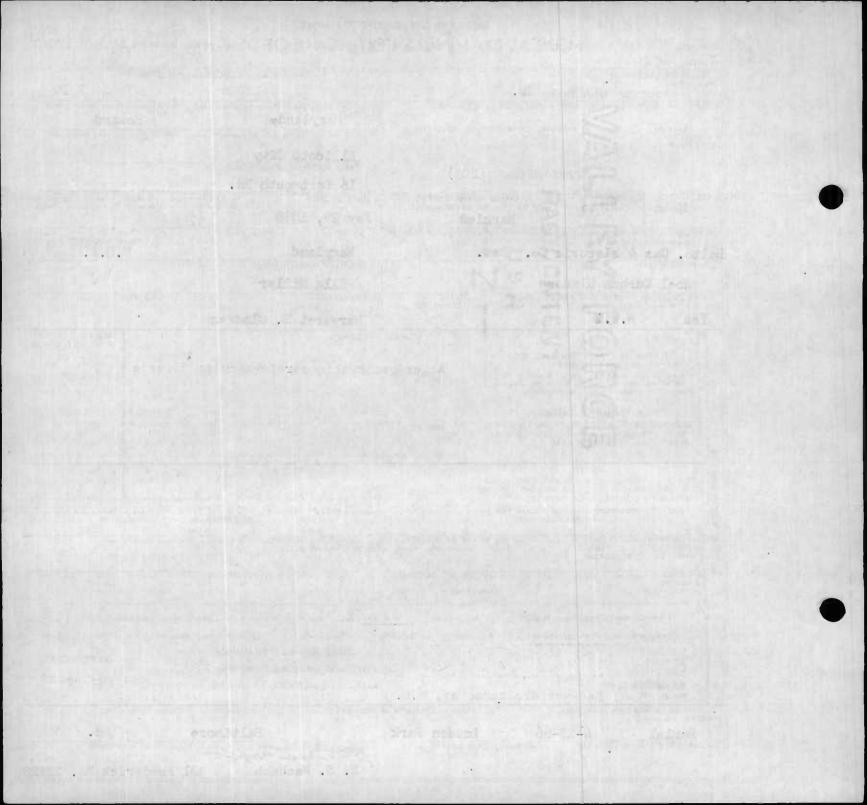
Baltimore

Md. ADDRESS

Burial 4-27-66
24A. DATE REC'D BY HEALTH DEPT. | 2 248 NAME OF REGISTRAR

E. S. MacNabb

301 Frederick Rd. 21228



IMPORTANT

FUNERAL DIRECTOR:

Such

prior to death.

66 04300 BIRTH NO. M.E. CASE NO.

1. NAME OF DECEASED
(Type or Print)

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. 66 (14301)

Lelie	2. [April	23. 7	OF 19

DATE	AND	HOLLE	OF DEATH
1	. 7	22	10//
rin.	nil	1.3.	1966

M.

PLACE OF DEATH IN	BALTIMORE, MARYLAND	
	off not in hospital or institution, give street address or location)	
	he Alamada	

Jacques

Maryland B. C	OUNTY		2 -	7-38
Baltimore	(If outside city	limits, write RURAL	ond give	township)
D. STREET ADDRESS	(If rurol, give	location)		

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

6208 The Alameda			6208 the Al		
s. sex Male	6. RACE White	7. MARRIED, NEVER MARRIED WIDDWED, DIVORCED (specify)	8. DATE OF BIRTH Oct. 18, 1889	9. AGE (In years lost highday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
Lumber Agent-net. Wholesale Lumber (0.			Holland		12. CITIZEN OF WHAT COUNTRY?
1 4	MALE OA. USUAL OC one during most umber A	MALE White OA. USUAL OCCUPATION (Give kind of one during most of working life, even if refire	Male White White Widgweld, DIVGRCED (specify) OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY one during most of working life, even if retired) umber Agent-net. Wholesale Lumber (o.	SEX NALE White 7. MARRIED, NEVER MARRIED Whose DIVORCED (specify) Oct. 18, 1889 OA. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY Lumber Agent-net. Wholesale Lumber (0. Holland	SEX NALE White 7. MARRIED, NEVER MARRIED WID WED, DIVORCED (specify) Oct. 18, 1889 Oct. 18, 1

Joseph Lelie		(atherine?	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give war or dates of service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRES
11 11	SECONIII NO.	T	

No None	tamily records	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF DEATH (A) Oring Occlusion	INTERVAL BETWEEN ONSET AND DEATH
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES	(B) Astrovielle of a Vois	
DISEASES OR CONDITIONS, if any, giving rise to the obave cause (A) stating the UNDERLYING CONDITION last.	(C)	***************************************
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		

	ANTECEDENT CAU	SES	(B) ATO	inscreed \	- C. O. VOCA,	
ATION	DISEASES OR CONDITIONS, rise to the obove cause (UNDERLYING CONDITION last.	ving The (C)		74 0 4 A A A A A A A A A A A A A A A A A		
	OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT REDISEASE OR CONDITION CAUSIN	RELATED TO				
ERTIFIC		PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
O	OR CONTRIBUTING CAUSE OF		21B. PLACE OF INJURY (e.g., in a home, form, foctory, street, officetc.)	or obout 21C. WHERE DID e bldg., INJURY OCCUR?	(If in Soltimore Cit	y, give exact locotion)
MEDICAL	21D. TIME (Month) (Doy) (Ye OF INJURY (APPROX.)	eor) (Hour)	21E. INJURY OCCURRED While AI Not White At Work	21F. HOW DID INJU	IRY OCCUR?	(0)
	22. I certify that (I) (this hosp that (I) (30) last saw the dece		(1h-10.0	1 12	t in (my) (our) aplaion	death accurred on the dat
	and hour and from the causes :	Stated abov	e. (I) (We) (did) (did not) vie		Stoff 23 B	DATE SIGNED
	23C.PHYSICIAN'S NAME (Type) Charles E. Carr	, Jr.		D. ADDRESS 3900 N. Charles	Street 21	218

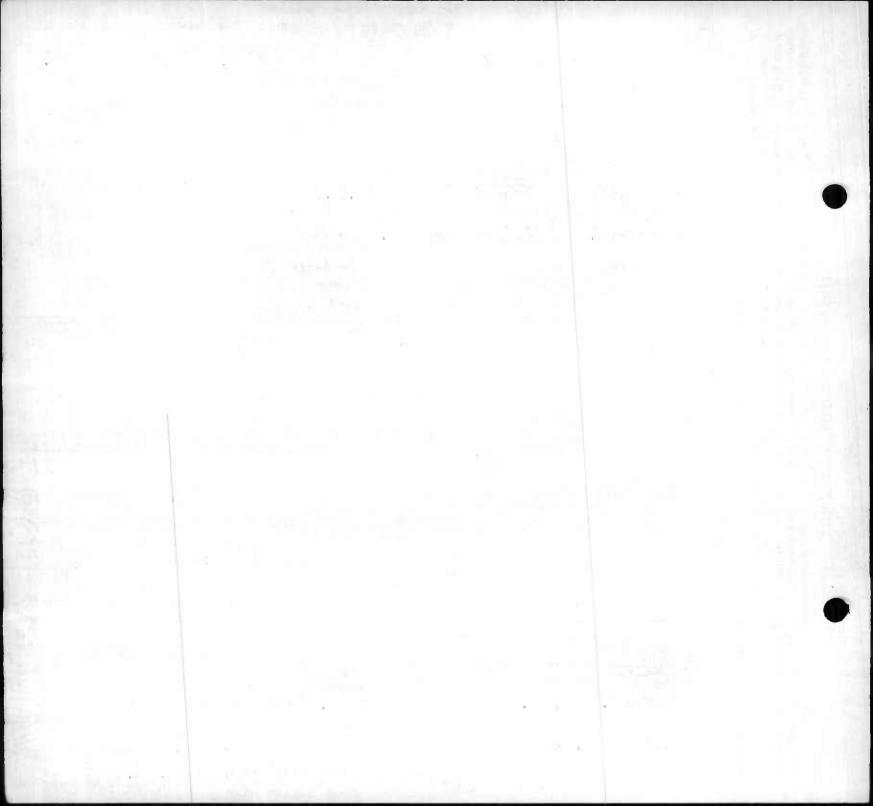
rect or contributing cause of death (4) Undetermined cause; (5) Deceased or his assistant if death occurred in in regular eceased Was the written approval must be obtained before the remains are embalmed or final dispos death deceased prior to death); and (6) No physician was in regular attendance on where the physician who pronounced This certificate must be approved by the chief medical examiner the body was released to the hospital by any nature; (except shows: (1) An accident of at a hospital was D.O.A.

24A. BURIAL CREMATION, 24B. DATE

nemation Apl. 25, 1966 Greenmount Cemetery Baltimone, Manyl

A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAN John Burns' Sons, Towson, Md.

VS 150-REV. 1/1/65



	00 04201	BALTIMORE CITY	HEALTH DEPARTMENT	66 04301
M.	TH NO. 66 (14301)	CERTIFICA	TE OF DEATH Registered No.	
1.1	AME OF DECEASED		2. DATE AND HOUR OF DEAT	H
(Ту	Theodore Ture	k	April 21, 1966	10:45 P.
3.	PLACE OF DEATH IN BALTIMORE, MAR	YLAND	April 21, 1966 4. USUAL RESIDENCE (Where deceosed lived, If	institution; residence before odmission
	HOSPITAL OR oddress or location	r institution, give street	Maryland	e RURAL and give township)
	NSTITUTION Baltimore	City Hospitals	Baltimore	
7	4940 Easte		D. STREET ADDRESS (If jurol, give location)	
			525 S. Port Street 21	224
5. 9		Maryland 21224	B. DATE OF BIRTH 9. AGE (In years	
		WIDOWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min,
-	Male White	Divorced	4-21-96 70	
	USUAL OCCUPATION (Give kind of work eduring most of working life, even if retired)	10B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foleign country)	12. CITIZEN OF WHAT COUNTRY?
gon	e during most of working the, even it retired)		Ma weel and	
13.	FATHERS NAME		Maryland	U. S. A.
1 34				
	LUKE TUREK		MARY GULBAN	
15.	Was Deceased Ever in U. S. Armed Ford		17. INFORMANT	ADDRESS
11e	s,no orunknown) (If yes, give wor or dotes	of service) SECURITY NO.	BEGORDS, BOW 4040 B	0.000
_			RECORDS: BCH 4940 Eastern	
	18. 420.1 41.136.		OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIR	ECTLY	MT	
	LEADING TO DEATH	(A)	///	
	(This does not mean the mode of heart failure, asthenia, etc. It means			
	injury or complication which coused			
	ANTECEDENT CAUSES	(B)		
	DISEASES OR CONDITIONS, if a			
	rise to the obove couse (A)			
730	UNDERLYING CONDITION Iosi.		••••••••••••••••••••••••••••	0 H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	11			
Z	OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING	the line	
ATION	TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING IT	TED TO THE CHO)	. The hives	
S	19A. DATE OF OPERATION 19B. CONE	THON FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED
ERTIFIC,	WAS PERF	ORMED	NO IN CERTIFYING C	AUSES OF DEATH?
CER	21 A. ACCIDENT WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,		ore City, give exact location)
7	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, foctory, street, o		
DICA				
ED	OF INJURY (Month) (Doy) (Year)	(Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
ME	(APPROX.)	While At Not Whi	le	

At Work Work

22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) last saw the deceased alive an Cand that In(my) (aur) apinlan death accurred on the date

and haur and from the causes stared above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

Attending Phys. 23C. PHTSICIAN'S NAME (Type)

23D. ADDRESS

Stoff Phys.

Dr. Joel Richmon

on M.D. 4940 Eastern Avenue Baltimore, Maryland 21224

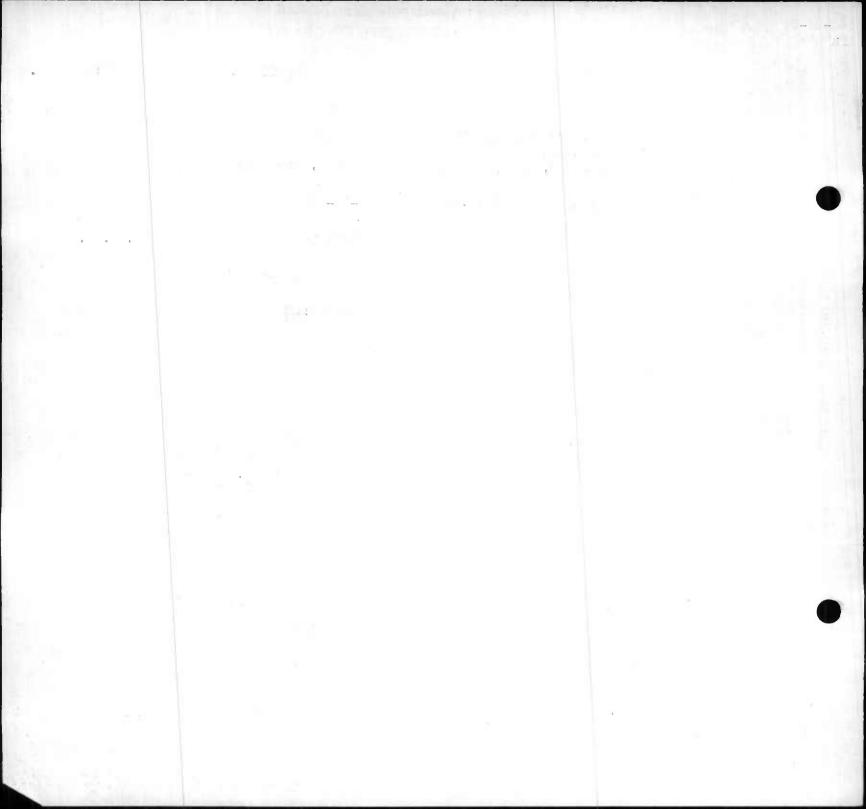
24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 966 HOLY ROSARY
25B. NAME OF REGISTRAR

PLEASE E TOLKY BURIAL 4-25-1 25A. DATE REC'D BY HEALTH DEPT.

Med. Director

23B, DATE SIGNED

VS 150-REV, 1/1/65



04302

BIRTH NO.

M.E. CASE NO. I. NAME OF DECEASED

Type or Print)

Such

LO

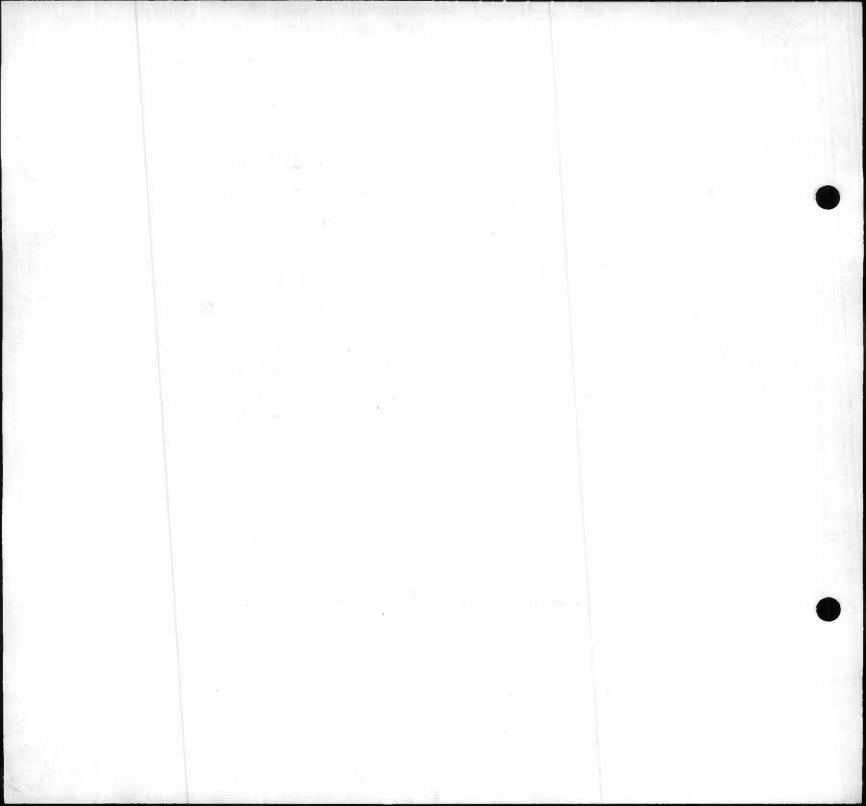
If Under 1 Yr. Months: Doys If Under 24 His. Hours 12. CITIZEN OF WHAT COUNTRY? 834 S. KENWOOD INTERVAL BETWEEN ONSET AND DEATH 208. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Boltimore City, give exact location) and that in (my) (our) opinion death accurred on the date 23B. DATE SIGNED (Stote) EMETERY 0 OSARY VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

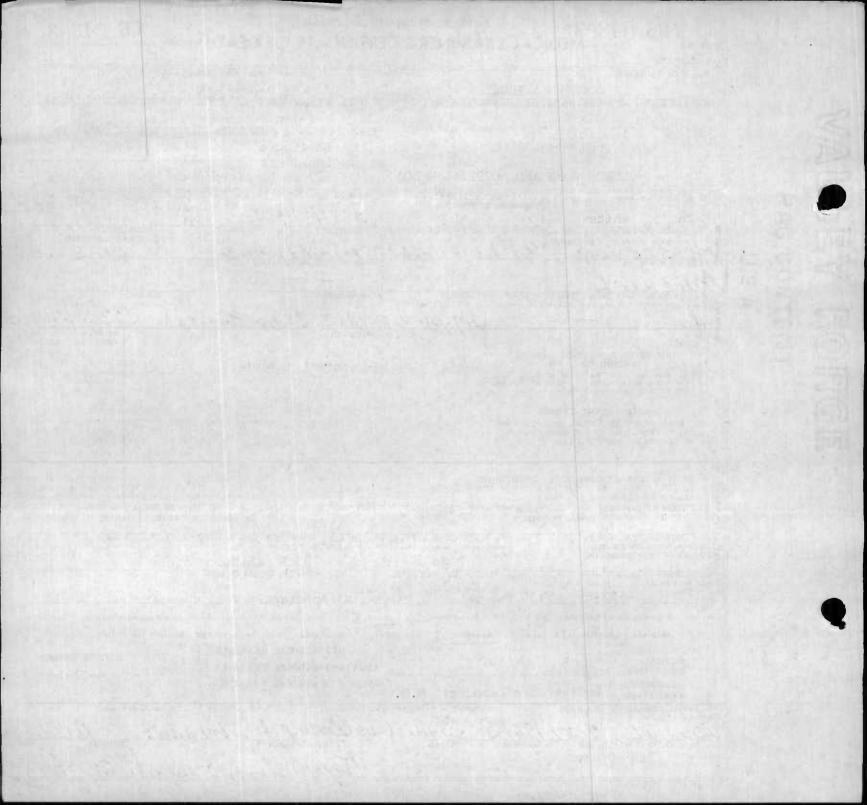
CERTIFICATE OF DEATH

Registered Na.

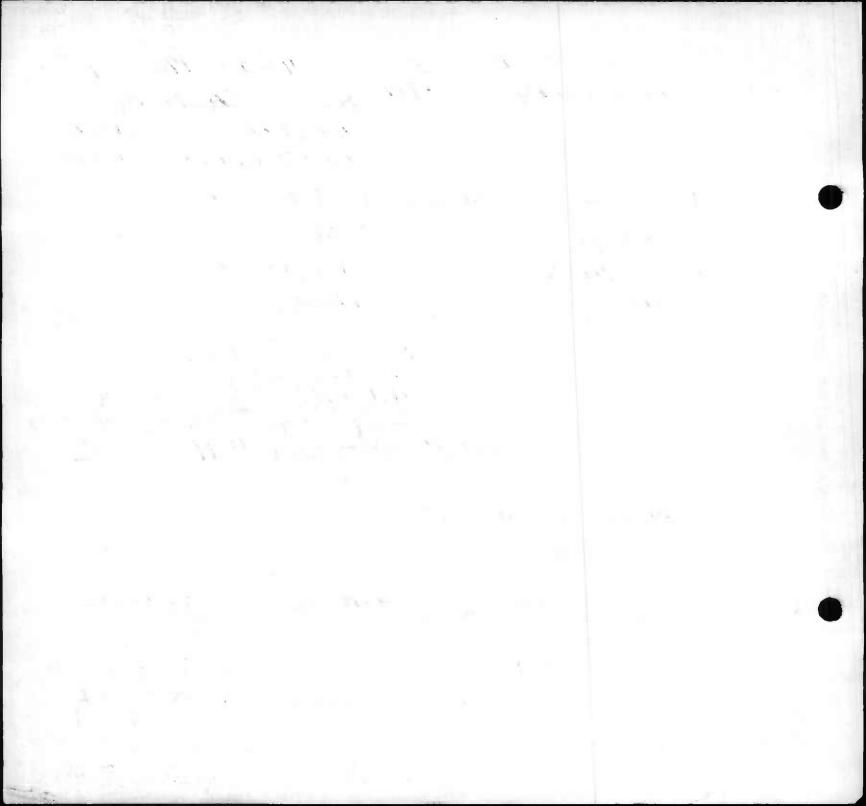
DATE AND HOUR OF DEATH



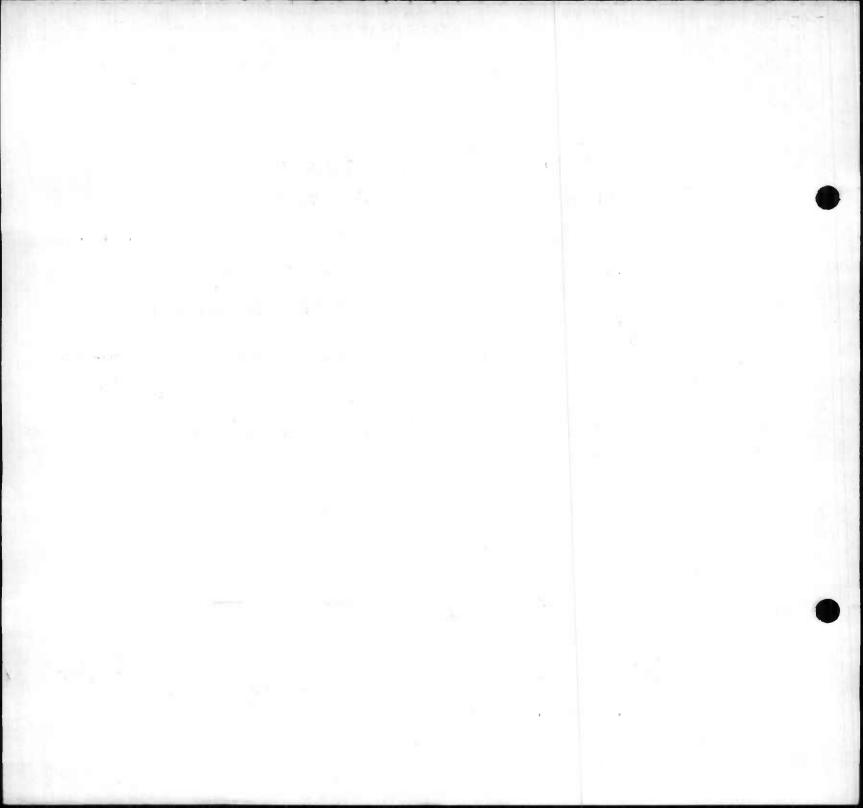
66 04303 BALTIMORE CITY HEALT	TH DEPARTMENT ERTIFICATE OF DEATH Registered No. 66 04303						
	KIIIICATE OF DEATH Registered No.						
N.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD						
JOSEPH KANIECKI							
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	April 22, 1966 8:10 PM. 4. USUAL RESIDENCE (Where decessed lived, If institution: residence before odmission) A. STATE B. COUNTY						
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location)						
CHURCH HOME AND HOSPITAL - DOA	703 S. Lakewood Ave.						
Male White WIDOWED, DIVORCED (specify) Male White No. A. USUAL OCCUPATION (Give kind of work D.B. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if refired)	WHAT COUNTRY?						
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
MICHAEL	T. INFORMATIVE						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	17. INFORMANT ADDRESS						
NO - 217-01-417	9 MRS. CLARA KANIECKI 703 S.LAKEWSON						
18. = 900. O. CAUSE	OF DEATH INTERVAL BETWEEN AVE						
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH						
LEADING TO DEATH (This does not meen the mode of dying, e.g., hoof foilure, estheric, etc. It meens the discose. DUE TO	o-cerebral injuries						
injury or complication which coused death.)							
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE						
Z (C)							
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199A. DATE OF OPERATION WAS PERFORMED							
	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?						
OUNDERLYING CONTRIB- home, form, foctory, street, of	n or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg., INJURY OCCUR?						
nome	703 S Lakewood Ave.						
OF INJURY	WHILE						
22	Apparently fell down stairs						
	opsy ond that on this bosis, deoth in my opinion						
resulted from: Notural causes Accident X Suicide							
ACTUAL (A F. G. C)	CHIEF MEDICAL EXAMINER DATE SIGNED						
SIGNATURE M.D.	ASSISTANT MEDICAL EXAMINER X 4-23-66						
EXAMINER'S Rudiger Breitenecker, M.D.	ASSOCIATE MEDICAL EXAMINER						
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of	CREMATORY 23D. LOCATION (City, town, or county) (State)						
REMOVAL (Specify) 24-27-1966 ST, STANIS LA 24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	QUS EMETERY BALTIMORE MD,						
APR 27 1966 (8	RAYMOND L. KACZOROWSKI 2525 FLEET						
VS 151-REV. 1/1/65	30						



			BALTIMORE CITY	HEALTH DEPARTMENT		00 0400
		H NO. 66 (143()4	CERTIFICA	TE OF DEATH	Registered No.	66 04304
	1. N	AME OF DECEASED E OI PRINT ELNORA BO	SSE	4-	22 - 196	
5	F	ULL NAME OF (I not in hospitol or ignitivation, give oddress or locotion)		C. CITY OR TOWN (If outsi	decessed lived. If instity BALTO ide city limits, write RUS CORE TO, give locotion)	2122253-10
made	5. SI	6. RACE 7. MARRIED, NEW WIDOWED, DE	VER MARRIED VORCED (specify)		AGE (In years In the set birthday)	It Under 1 Yr. If Under 24 Hrs. North's Doys Hours Min.
SI LO		USUAL OCCUPATION (Give kind of work 108, KIND OF BUS	INESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
disposition	13. F	ATHERS NAME		14. MOTHER'S MAIDEN NAM	,	45.
	15. V		SOCIAL	Har gorch	- trass	ADDRESS
TING!		no or unknown) (If yes, give wor or doles of service)	SECURITY NO. 14-03:2571	Chartne m	ICHAEL BO	SE BELCLAREAD
o Dec		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	CAUSE OF	ort Tailare	portos.	ONSET AND DEATH
embalmed		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	DUE TO	tral ten	ery for	- a(7
are		DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost.	DU E 40	uficiency,	Tv. cus pice	insuff any
remains	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	verepa	en andy	Hyper	101
before the	CERTIF	19A. DATE OF OPERATION 19B. CONDITION FOR WHIGH	CE OF INJURY (e.g., in	20 Å. AUTOPSY? (Yes or No) or obout 21 C. WHERE DID fice bidg.,	IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH? City, give exact locotion)
ained b	MEDIC	(42)	URY OCCURRED Not While At Work	21F. HOW DID INJU	RY OCCUR?	
e obt		22. I certify that (I) (this hospital) attended the d	eceased from	19 - 66 19	/	22 -66 19 , and death occurred on the date
must be		ond hour ond from the couses stated obove. (I) (W	e) (did) (did nat) v			38, DATE SIGNED
		23C. PHYSICIAN'S	Phys		Statt Phy s.	4-22-66
approva		NAME TRAVZA AD	LER M.D.	UNIVERSI	TY HOS	DITAL
	24A	BURIAL CREMATION, 24B. DATE 24C. NAME SEMOVAL (Specify) 4-26-66 OAKL	AWN CEM	MATORY 24D. 10	CATION (City,	town, or county) (Stote)
Written	25A	APR 27 1966 P. D. LT &		25C., FUNERAL DIRECTOR	EINERAL HAN	ANDRESS JUDGAL
	VS.	150-REV. 1/1/65		11 1100014.01	11011	Si



VS 150-REV. 1/1/65



BALTIMORE CITY HEALTH DEPARTMENT Registered Na. 66 04308 BIRTH NO. CERTIFICATE OF DEATH 04306 pital and of death Deceased M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) LO 4-23-66 Charles Edward Watts 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance deat Md. contributing cause etermined cause; (5) FULL NAME OF (If not in haspital ar institution, give street HOSPITAL OR oddress ar location) C. CITY OR TOWN (If autside city limits, write RURAL and give township 10 MOITUTITZNIL Baltimore prior Sinia Hospital D. STREET ADDRESS flf rural, give lacotian) 4002 Boarman Avenue occurre regular T If Under 1 Yr. Manths: Doys 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH If Under 24 Hrs. E eceased Hours WIDOWED, DIVORCED (specily) last birthdoyl 1-16-1921 Married Negro 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF ion WHAT COUNTRY? death 2 done during mast of working life, even if retired (4) Und ō Custodian Baltimore, Md. U.S.A. Industry isposit SID 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the 3 Mamie Roberts Charles E. Watts, Sr. IMPORTANT death LO D 5. Was Deceased Ever in U. S. Armed Farces? 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (Of yes, give war or dates of service) SECURITY NO. attendance 3-16-6947 -6947 Margaret Watte 4002 Boarman any pronounced 10 20.0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., ar heart foilure, asthenio, etc. It means the disease, examiner FUNERAL DIRECTOR: injury or complication which coused death.) nb 0 ANTECEDENT CAUSES DUE TO 6 4 DISEASES OR CONDITIONS, if ony, giving 0 rise to the obove couse (A) stoting the physician UNDERLYING CONDITION lost. e chief medical remains Was medical OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFICATION hysician DISEASE OR CONDITION CAUSING IT. the (2) Body 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? IYes ar Na) the 19A. DATE OF OPERATION 21A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in at about 21 C. WHERE DID home, farm, foctary, street, office bldg., INJURY OCCUP (If in Baltimore City, give exact lacotion) where 0 OR CONTRIBUTING CAUSE OF the body was released to the hospital 2 N DEATH Inatify medical examiner etc.) any nature; MEDI brained 21 D. TIME fManth) (Day) (Yeor) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJUST OCCUR? 9 (except ; and (6) OF INJURY approved While At (APPROX.) Wark 22. I certify that (I) (this hospital) attended the deceased fram 0 that (I) (we) last saw the deceased alive an 196 and that in (my) (apinian death accurred on the date of 0 death) must and hoor and fram the causes stated bave. (1) (Wa) (did) (did nat) view the bady after death. hospit accident Uthman Ray, JR., M. D. 23A SIGN ATURE 23B. DATE SIGNED 2225 W. North Ave. Attending [Med. Staff 0 Director approval 8 23C. PHYSICIAN'S 23D. ADDRESS prior 21216 Baltimore Md. to NAME (Type) An Telephone 523-3512 D. O.A. deceased written ap 24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tawn, or county) REMOVAL (Specify) shows: Ö 4-27-66 Auburn Cem Burial Mt. Baltimore W as

V\$ 150-REV. 1/1/65

25A. DATE REC'D BY HEALTH DEPT.

258 NAME OF REGISTRAR

25C. FUNERAL DIRECTOR Morton & Dvett

Md

1701 Laurens St

ASH. DE HE Vac week

	occurr	ontribu	rmine	regula	
	f death	ct or co	() Undete	was in	
TANT	sistant i	the dire	kind; (4	death	
IMPO	or his as	Also, if	e of any	nonuced	
FUNERAL DIRECTOR: IMPORTANT	the chief medical examiner or his assistant if death occurr	il by a medical examiner. Also, it the direct or contribu	(2) Body burns; (3) A fracture of any kind; (4) Undetermine	ere the physician who pronounced death was in regula	
L DIRE	dical ex	lical ex	rns; (3)	sician v	
NERA	chief me	bem b	Body bu	re the phy	
2	the	9	3	ere	

red in a hospital and buting cause of death ded cause; (5) Deceased ar attendance on the prior to death. Such was D.O.A. at a hospital (except whe deceased prior to death); and (6) No written approval must he obtained had This certificate must be approved by the body was released to the hospita shows: (1) An accident of any nature;

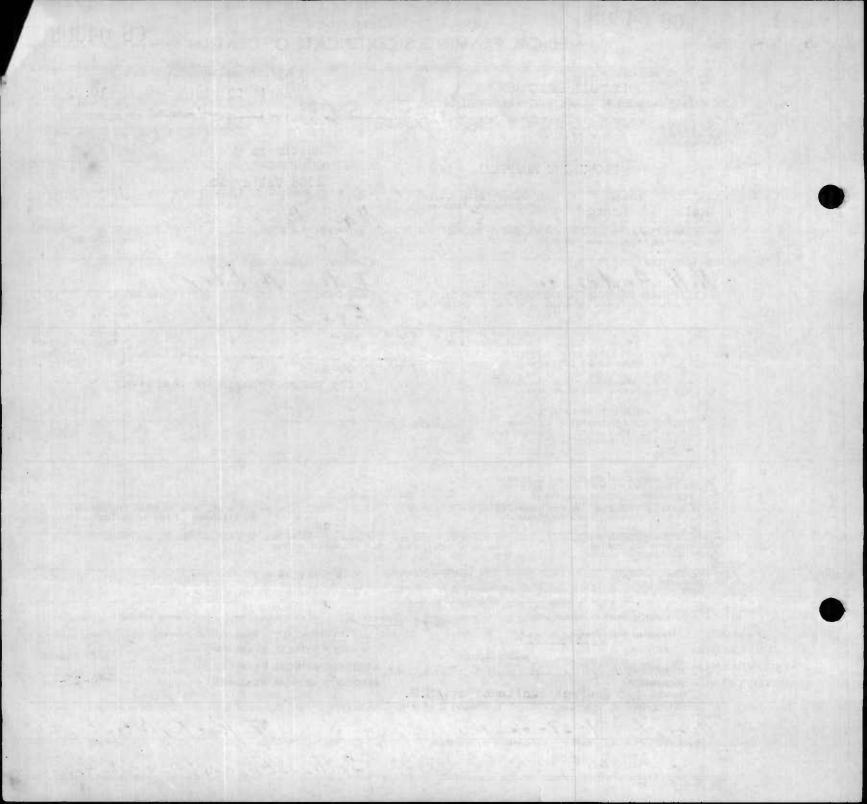
		BALTIMORE CITY	HEALTH DEPARTMENT		00 04000
	H NO. 66 ()4307	CERTIFICA	TE OF DEATH	Registered Na.	66 04307
1. N	AME OF DECEASED OF Print) CAMPBELL, THO	MAS D.	2. DATE A	ND HOUR OF DEATH	6 1015 P
3. P	LACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Wh.	ere deceased lived. If inst	titution: residence before admission
- F	ULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location) NSTITUTION	ion, give street	C. CITY OR TOWN (IF or	Julas Rei utside city timits, write RI	JRAL and give township)
Z	utherau Hospital of	learyland	M A/	rurol, give location)	13-01
		V	* *	1ASKI S	/
5. S		MARLED MARLED MARLED MARLED	6/12/95	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 H Manths Days Haurs Min.
	USUAL OCCUPATION (Give kind of work 108, KIN) during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
	LABORER BE	Thehem Steel	Forest Lapo	oT, VA.	4.5.A.
13.	harles H. Campbell		Ellen CA	ampbell	
15. Yes	Nos Deceased Ever in U. S. Armed Forces? ,no or unknown) (II yes, give wor ar dotes of servi	security No.	ANNA B. CAMP	bell 1529	ADDRESS Plant: ST.
	LEADING TO DEATH (This does not mean the mode of dying, hearl failure, asthenia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, ginse to the above cause (A) stoting UNDERLYING CONDITION lost.	e.g., DUE TO	ertension eroselerosis		
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	THE PULLULUS	gastrie ule		
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
AL C	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notily medical examinet)	21B. PLACE OF INJURY (e.g., i home, form, factory, street, a etc.)	n or obout 21C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Soltimore	City, give exact location)
MEDIC	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY (APPROX.)	21 E. INJURY OCCURRED While At		JURY OCCUR?	
	22. I certify that (I) (this hospital) attend	ed the deceased fram		.19ta	19
	that (I) (we) last saw the deceased alive and hour and from the causes stated abov				ian death accurred an the d
	ODA CICALATURE		new the body offer death.		23B, DATE SIGNED
	23C PHYSICIANS	M.D. Att	ending Med.	Stoff Phys.	
1	23C. PHYSICIAN'S NAME (Type) GRUMBERG	IOSEF M.D.	23D. ADDRESS Leetherae		
24A	- BURIAL CREMATION, 248. DATE 24 REMOVAL (Specify)	C. NAME of CEMETERY OF CR	1 1 2	LOCATION (City	town, or county) (State
D	4RIAL 17-11-66	DAITO NAIL	NAL CEM. D	A 140.	[V]d.

APR 27 1966
VS 150-REV. 1/1/65 MORTON + Dye T Policet E. Jaber Mil LAURENS ST. 1701

VS 151-REV. 1/1/65

1363	11 6 2/10	
 50	04308	

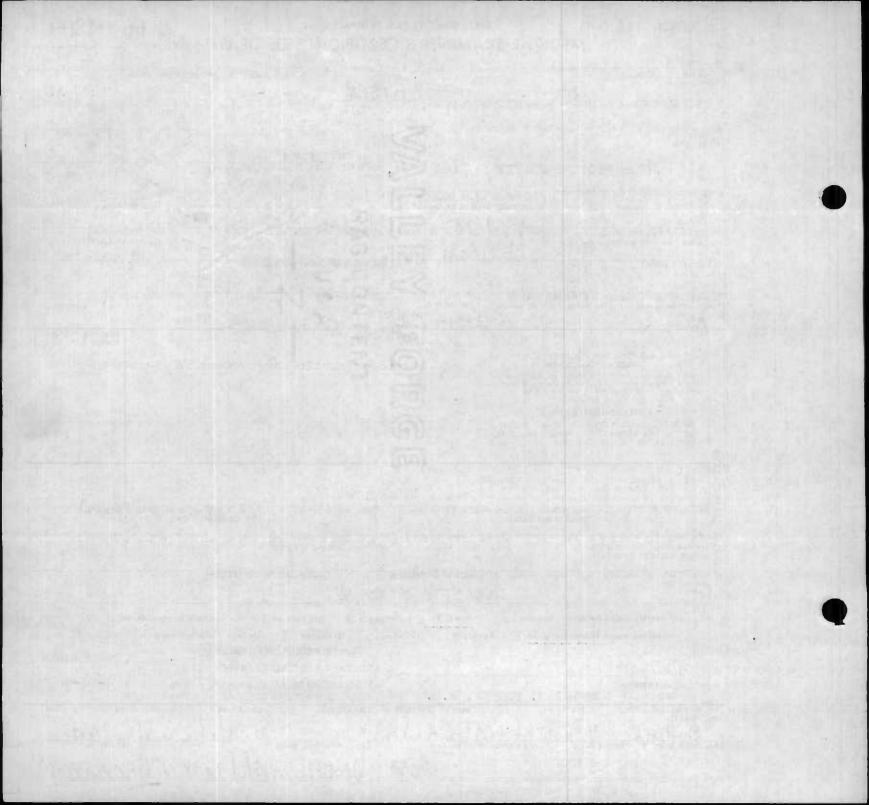
	66 (14308	BALTIMO	RE CITY HEA	LTH DEPARTMENT		00
BIR	TH NO.	MED	ICAL EXAMI	NER'S C	CERTIFICATE	OF DEATH Registe	ered No. 04308
	E CASE NO.						
	NAME OF DEC	RICHARD AN	DERSON			DATE AND HOUR PRONOUNC	
3.	PLACE IN BALTI		HERE PRONOUNCED DI	EAD	4. USUAL RESIDENCE	B. COL	10:05 P.M. fitution: residence before admission
HC	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GI	VE STREET	C. CITY OR TOWN	land (If outside corporate limits, write	
		PROVIDENT	HOSPITAL - I	OOA	D. STREET ADDRESS	(If rurol, give locotion) 8 Valley St.	/ /
1	Male	6. RACE Negro	7. MARRIED, NEVER M		B. DATE OF BIRTH	9. AGE (In years last birthday) 42	If Under 1 Yr. If Under 24 Hrs Months Doys Hours Min.
don	during mast af w	rorking life, even if retired)	NOR KIND OF BUSINES	S OR INDUST	N.C.	e or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAM	Inderso	42	SEM	14. MOTHER'S MAID	Achles	
		EVER IN U.S. ARMED	FORCES? 16. SO CIA		17. INFORMANT	Hanit	ADDRESS
110	s, na or unknown)	(If yes, give war ar date	ss or service) SECUR	RITY NO.	Family		54 m e
NO	(This daes not heart failure, injury or com AI DISEASES C RISE TO THE	E OR CONDITION DI LEADING TO DEATH at mean the made of osthenia, etc. It means uplication which caused NTECENDENT CAUSI OR CONDITIONS, IF A E ABOVE CAUSE (A) S G CONDITION LAST.	dying e.g., is the disease, ideoth.) ES NY, GIVING TATING THE	(A) Bronce	chopneumonia fatty meta	amorphosis of the	e liver
ERTIFICATION	TO THE E	II IIFICANT CONDITIONS DEATH BUT NOT RE CONDITION CAUSING	LATED TO THE				
CER	19A. DATE OF	OPERATION 198. CON	IDITION FOR WHICH OF	PERATION	20A. AUTOPSY? (Ye	os ar No) 208, IF YES, WERE FI IN CERTIFYING CAU YES	
EDICAL	21 A. EXTERNAL UNDERLYING UTING CAUS	OR CONTRIB-	218, PLACE OF home, fam, fo	INJURY (e.g., octory, street,		RE DID (If in Boltimare City, gi	ve exact location)
Σ	21 D TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeo	r) (Hour) 21E. INJUR WHILE AT		WHILE WORK	DID INJURY OCCUR?	
	22.	ify that I held an I				at an this basis, death In n	my apinian
		ed fram: Natural ca		_	de Hamicide	Undetermined mann	
	ACTUAL		terred	3 M.C	. ASSISTANT MEDI		DATE SIGNED
	EXAMINI NAME (T	ER'S	Breitenecker	M.D.	ASSOCIATE MEDI	ICAL EXAMINER	4-23-66
23/ RE/	Surial CREM MOVAL (Specify)	1 4-27	-66 Ru	-4/	Cem-	A Rocky	Men or county) (State)
24/	A. DATE REC'D	IPR 2.8 1966	24B, NAME OF REGIST	RAR	24C. FUNERAL C	DIRECTOR 101,	ADDRESS



3	BALTIMORE	CITY	HEALTH	DEPARTMEN

JOSEPH KNIGHT 1639 N. BROADWAY

	66	04309		BALTIMORE CIT					60	04309
BIR	H NO.	MEDI	ICAL EX	AMINER	'S C	ERTIFIC	CATE OF D	EATH Regis	tered No	
-	E CASE NO.									
1. (Ťy	DO OF Print)	CEASED			W.	0+11	2. DATE AND	HOUR PRONOUN	CED DEAD	
		SOLO		KIEZER	N	SER	4-25-6	6		10:40 A.
3. 1	LACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD			RESIDENCE (Whore d	occosed lived. If in B. CC	Stitution: resid	lence botore admissi
FU	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	JTION, GIVE STRE	EET		y Land	comorate limits w	ite BIIDAL on	d cive township)
INS	SPITAL OR	ADDRESS OR LOCA	(TION)					corporate minis, we	7	P)
		OTTE TODETHO	TOODTEN	7 704			ADDRESS (If ruro),	des las des	1	
-	J	OHNS HOPKINS	HOSPITA	L - DOA					21205	
5. 5	EY	6. RACE	IT AAABBIED	NEVER MARRIED		B. DATE OF	20 Ashland	The same of the sa	21205	1 Yr. If Under 24 H
				DIVORCED (specify		1 1 "	2 1000	9. AGE (In your lost birthday)	Months:	Doys Hours Mir
_	Male	Colored	WIG	IOW		1-1-	7-1013	(4)	2	
		UPATION (Give kind of work working life, even if retired)			1 DO 21 KI	III. BIRTHPL	ACE (State or foreign	country)	12. CITIZE WHAT	T COUNTRYZ
20			MEI	IREd		0	5,0,		u	13,4.
13.	FATHER'S NAN	1/1/1/1/1/	12 100			14. MOTHER	S MAIDEN NAME	Con	111	
2 #	IK	VIIV 51	SE	137, 20 6141	1.32	13 11 15 0 11 1	LHLEN	UNA	VI	
		O) (If yes, give wer or dote		SECURITY NO).	17. INFORM	ANI		ADDRESS	
	NO			237-14-7	975	SARA	H JOYAYI	FR 1236	NIVA	+SIT/ON
	1B	214.00	41		CAUSE	OF DEATH				INTERVAL BETWEE
	DISEA	SE OR CONDITION DI	RECTLY							
	(7h: 4	LEADING TO DEATH		\M/		iosclei	cotic cardi	ovascular	diseas	e
	heart failure	, asthenia, etc. It means	the discose,	DUE TO)					
	111017 01 00	implication which couses	00011117							
		ANTECENDENT CAUSE		(B)		148040000000000000000000000000000000000				***********
	RISE TO TH	OR CONDITIONS, IF A		DUE T	0				EFF	
z	UNDERLYI	NG CONDITION LAST.		(C)						400-004-000-000-00-00-00-00-00-00-00-00-
15		11								
3	OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTI						40.00	
F		DEATH BUT NOT RE		HE	Neur	osyphi.	llis			
CERTIFICATION	19A. DATE OF	F OPERATION 198, CON		WHICH OPERATIO	N	20A. AUT	TOPSY? (Yes or No)	OB. IF YES, WERE		
0	0						No			
5	UNDERLYING	CAUSE WAS	21 B, home	PLACE OF INJUR	eg., street,	in or about 2	IC. WHERE DID	f in Boltimore City,	give exact lo	cotion)
EDIC.	UTING CAL	ISE OF DEATH.	etc.)							
Σ	21 D TIME	(Month) (Doy) (You	r) (Hour) 2	1E INJURY OCC	URRED	21	F. HOW DID INJU	RY OCCUR?		
	(APPROX.)			VHILE AT	NOT AT W	WHILE				
	22.				7					
		tify that I held an I		Inspection X		topsy		basis, deoth In		
	resu	Ited fram: Notural car	uses X A	ccldent	Sulcld			ndetermined mar	ner	
	ACTUA	1 /2	//	7			F MEDICAL EX			DATE SIGNED
	SIGNAT		Fish	-	M.D.	ASSISTAN	IT MEDICAL EX.	AMINER		
	EXAMI	NER'S	o pron	TED MED		ASSOCIA	TE MEDICAL EX	AMINER		4-25-66
23.4	NAME (ER, M.D.	AETEDY	CDEALATO	DV 22 D 1.0	CATION (C	tu town or -	county) (Stote)
	MOVAL (Specif		1 1 1 23	C. NAME of CEN	1 1 2 A	A S	230. LC	CATION	ity, town, or c	(31010)
	BURIA	1h 14-28	-66 1	MI-CAI	LYA	KY	a	.a.co	UNIY	Ma,
24	. DATE REC'D	BY HEALTH DEPT.	24B. NAME	OF REGISTRAR		/ 24C. FI	UNERAL DIRECTOR	1. 4	A	DDRESS
		APR 28 1966	R. P. I	TE, Jank	ALP US	1115	EPH KNIG	# 1639	N. 13p.	DAG WAY
-					pr.	VUQ	IN IN IN	11 100	1.01/	110.11.7



BIRTH NO.

BALTIMORE	CITY	HEALTH	DEPARTMENT
PA 10 111110110	-		m.m. 1

ITY	HEALTH DEPARTMENT		00	O.A.	240	(
A	TE OF DEATH	Registered No	55	114	<u>01.U</u>	
	2. DATE A	ND HOUR OF DEATH				
		4-22-6	C	1	5 3	PM.
	4. USUAL RESIDENCE (Who A, STATE B. COU!	NTY	8	-1	7	mission)
	BALT IMORE	utside city limits, write l	RURAL ond	giva taw	n ship)	
	D. STREET ADDRESS (III	rural, give lacation) uane -21205				
	B. DATE OF BIRTH	9, AGE (tn years last birthday)	If Under Months D	Yr.	If Under	24 Hrs.
	3/11/65	1	TVIONITS E	7073		741111
TRY	11. BIRTHPLACE (Stole or fore	eign country)	12, CITIZE	N OF	ITDV2	
	MARYLAND		******	J.S.A		
	14. MOTHERS MAIDEN NA CHRISTINE	ME				
	17. INFORMANT		1	ADDRES	S	
	RECORDS: BCH 4	940 EASTERN	AVE.,	BALT	O.MD.	2122

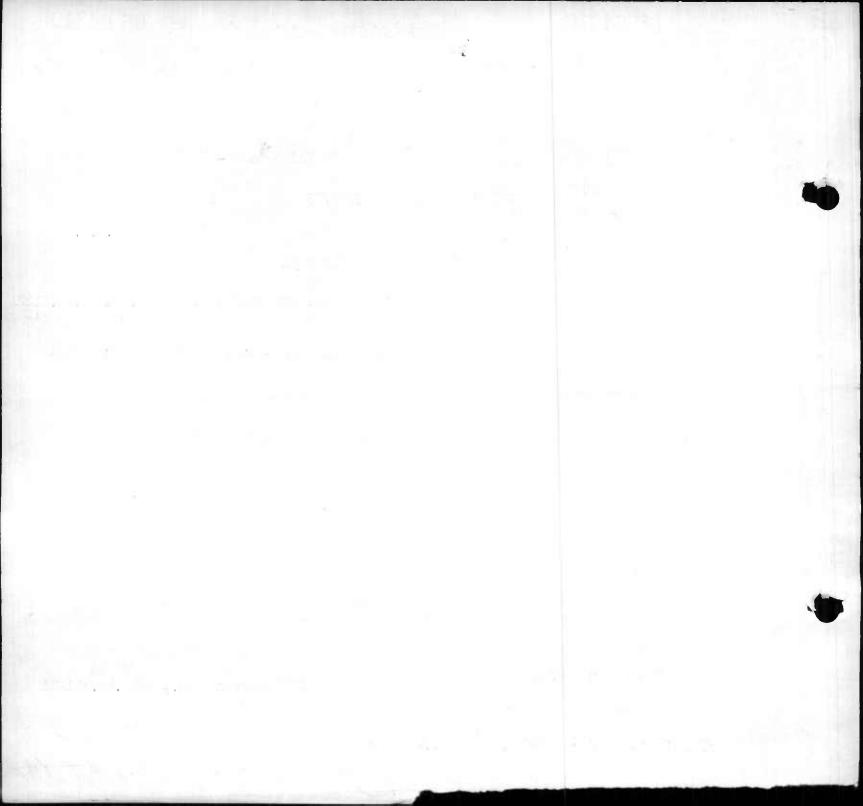
Eastern Ave., Balto.Md. 21224

24D, LOCATION

FUNERAL DIRECTOR

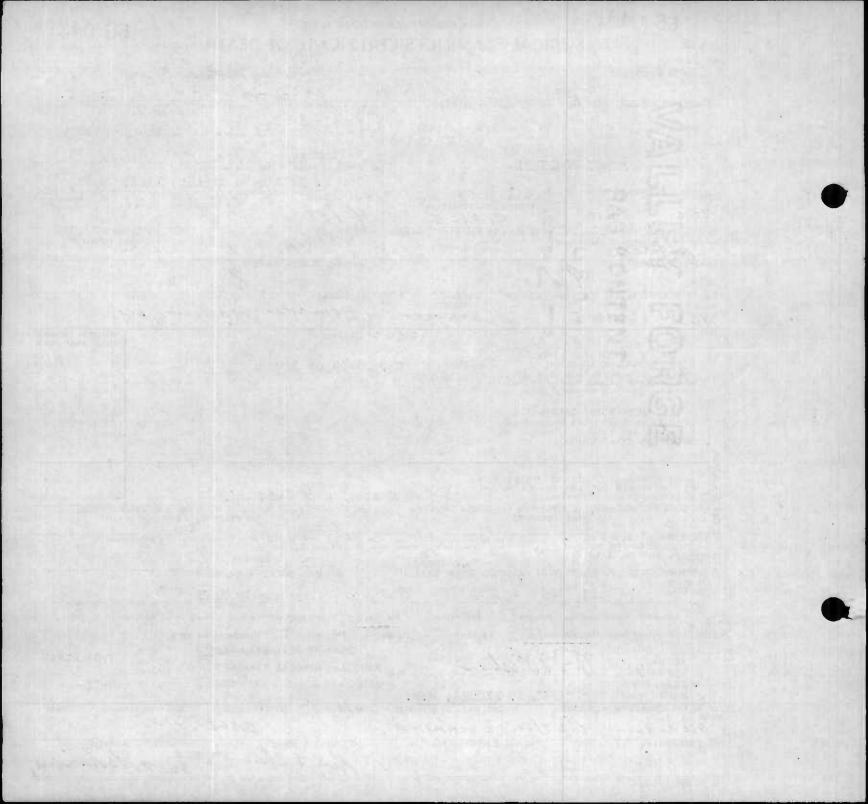
Hospi

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH			ncloca	relial	Fibroelast	onser and death Congenital
	(This does not mean the made of dying, heart foiluse, osthenio, etc. It means the dise injury or complication which coused death.)		DUE TO				
	ANTECEDENT CAUSES		(B)				
	DISEASES OR CONDITIONS, if ony, gi rise to the obove cause (A) stoling UNDERLYING CONDITION last.		(C)	a white darks which as 0 as 0 as as as 0 0 0 0 0 0			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
ERTIFIC	19A. DATE OF OPERATION 19B. CONDITION I	FOR WHICH OPE	RATION		TOPSY? (Yas or	No) 20B, IF YES, WI IN CERTIFYING YES	ERE FINDINGS CONSIDERED CAUSES OF DEATH?
CALCE	21A.ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF home, form, foo etc.)	INJURY (a.g., tory, straet,	in or about 21 office bldg., IN	C. WHERE DID	(If in Balti	imare City, give exact lacation)
EDI	21 D. TIME (Manth) (Day) (Year) (Hour)	21E, INJURY O	CCURRED	21	F. HOW DID	NJURY OCCUR?	
ξ	(APPROX.)	While At Wark	Nat Wh At Work	ile 🗌			
	22. I certify that (I) (this hospital) attended that (I) (we) lost saw the deceased alive and hour and from the causes stated above	on 9 -	- 2 2	19	<u>د (</u> _ ond	that in(my) (our)	
	23A. SIGNATURE						23B. DATE SIGNED
	Herbert Kani		M.D. At	ttanding	Med. Diractor	Stoff Phys.	4/22/66



MEDICAL EXAMINER'S CERTIFICAT	TE OF	- DEATH	Registered No.
-------------------------------	-------	---------	----------------

BIRTH NO.	MEDI	CALEX	AMINER'S C	EKTIFICA	IE OF I	JEA IH Registe	red No	
M.E. CASE NO.								
1. NAME OF DE	CEASED				2. DATE AN	D HOUR PRONOUNC	ED DEAD	
	FRED		IBSON		4-24-6			7:20 P. M.
	TIMORE, MARYLAND, W			A. STATE Maryla		deceosed lived. Il insti B. COU	itution: resi	dence belore odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	ADDRESS OR LOCA	TION)	THON, GIVE STREET	C. CITY OR TO		e corporate limits, write	RURAL	nd give township)
7	MERCY HOSP	ITAL			DRESS (If rural,	give location)	- East	
1				11		ore Street	21202	
5. SEX	6. RACE	7. MARRIED,	NEVER MARRIED	B. DATE OF BIR	TH	9. AGE (In years	If Under	Yr. If Under 24 Hrs.
Male	White		NG-LE	11/9	9	last birthdoys 68		Doys Hours Min.
	CUPATION (Give kind of work working life, even if relired)	108. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE	VA.	n country)	12. CITIZ WHA	EN OF T COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S	MAIDEN NAM			
						7		
15. WAS DECEAS	ED EVER IN U.S. ARMED	FORCES?	16. SOCIAL	17. INFORMANT		,	ADDRESS	5
(Yes, no or unknow	n) (If yes, give wor or dote	s of service)	SECURITY NO.	MITTH	unstar	MATHEW	s. VA	1.
1B.	WWI						7	
381	0 + 4 909	9	CAUSE	OF DEATH				ONSET AND DEATH
DISEA	LEADING TO DEATH		O.	1	C 11			
heart loilure	not meon the mode of e, osthenio, etc. It meons emplication which caused	dying, e.g., the disease,	DUE TO	rrhosis c	i ilver	*******************************		
DISEASES	OR CONDITIONS, IF A HE ABOVE CAUSE (A) ST	NY, GIVING	(B). DUE TO			**************************************		···· 00000
UNDERLYI	ING CONDITION LAST.	Allito IIIC						
NO			(C)					
O THE	II SNIFICANT CONDITIONS DEATH BUT NOT REI	ATED TO T	ME	ontucion	of loft	thich		
DISEASE O	F OPERATION 198, CON		WHICH OPERATION			thigh		ONCIDERED
O DATE O	WAS PERI		WHICH OFERATION	Yes		IN CERTIFYING CAUS		
	AL CAUSE WAS OR CONTRIB- USE OF DEATH:	21B. home etc.)	PLACE OF INJURY (e.g., form, foctory, street, c	in or obout 21C. office bldg., INJUI	WHERE DID	(If in Boltimore City, gi	ve exoct lo	ocotion)
<u> </u>			Unknown		Unknown			
OF INJURY (APPROX.)	(Month) (Doy) (Year 4 21 6)	, v	VHILE AT NOT AT W	WHILE X	Presumat			
22. I cer	rtify that I held on I					s bosis, death in m	ny opinio	n
resu	Ited fram: Natural cas	ISBS T A			. —	Indetermined monne		
			A SOLUTION			Prompt of the Party of the Part	w1	
ACTUA		Pul	er M.D.	ASSISTANT I	MEDICAL EX			DATE SIGNED
EXAMI NAME (LL S. FI	ISHER, M.D.	ASSOCIATE	MEDICAL EX	(AMINER [4-25=66
23A, BURIAL CRI REMOVAL (Speci	EMATION, 23B. DATE	230	C. NAME OF CEMETERY	CREMATORY		BALTO, M	town, or o	county) (Stoto)
BURI		*	LOKRAINE			Undiring		
	APR 28 1966		E Farley Mil	24C. FUNE	LE. Che	36	N7 14	enter fre
	111111111111111111111111111111111111111	4		000		20	. 100	1



(4) Undetermined cause; contributing occurred regular deceased death = Was the direct įŧ IMPORTANT assistant eath no kind; attendance any pronounced or his Also, of fracture the chief medical examiner DIRECTOR: regular examiner. who (2) physician burns; Was medical FUNERAL physician Body the 8 by 3 where to the hospital ° nature; by 9 approved (except and any of a hospital death) released

accident

An

shows:

40

prior

eceased

70

at

D.O.A.

Was

certificate must

his

Was

the body

the

death.

prior

uo

ance

attend 0

(5) Deceased

cause

and

a hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) 3. PLACE OF DEATH IN BALTIMORE (If not in hospital or institution, give street VLAND FULL NAME OF HOSPITAL OR oddress or location! C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION TIMORE ON MEMORIAL is made. 5. SEX 9. AGE (In years If Under 1 Yr. Months Doys 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy IDA USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTR 11. BIRTHPLACE (State or foreign Country) 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) 5 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL ADDRESS or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. NO TrovER ontaine CAUSE OF DEATH INTERVAL BETWEEN 40. ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart lailure, asthenia, etc. It means the disease. injury or camplication which caused death,) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, to the above cause (A) stating the the remains UNDERLYING CONDITION last. 11 CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED obtained before 2) A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 2) B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) MEDICAL DEATH (notify medical examiner) etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 2) F. HOW DID INJURY OCCUR? Not While OF INJURY While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased from pe that (I) (we) last sow the deceased alive on19.... and that In (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body ofter death. must 23A. SIGNATURI 23B DATE SIGNED Attending Stoff Med. M.D. Phys. Director ___ written approval 23D. ADDRESS 23 C. PHYSICIAN'S NAMETType DR. ERNESTO LEDESMA M.D. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) REMOVAL (Specify BURIAL 25A. DATE REC'D BY HEALTH DEPT. ADDRESS 25C. FUNERAL DIRECTOR

258. NAME OF REGISTRAR DOUBLE VS 150-REV. 1/1/65

. E LEST LE ES

D.O.A.

Was

the body

shows:

eceased

TO

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT 66 04313 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) WILLIAM BRENDEL April 23, 1966 10:30 a. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Md. 21206 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR C. CITY OR TOWN (If outside city limits, write RURAL and give township. INSTITUTION Baltimore Union Memorial Hospital D. STREET ADDRESS (If rurol, give location) 4313 Arizona Ave.. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yi. Months: Doys If Under 24 Hrs. WIDOWED, DIVORCED (specify) lost birthdov Hours 3/13/1901 65 male white married 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Bromo Seltzer Baltimore, Md. 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Louis Brendel unknown 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECULLY NO. Lola Eakers Brendel, wife, above 212001 7922 no CAUSE OF DEATH INTERVAL BETWEEN APPROVED ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. Il means the disease. injury or complication which coused death.) ANTECEDENT CAUSES 9 CAT DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling UNDERLYING CONDITION Iost. ERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 2) A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID U (If in Boltimore City, give exact location) home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDIC (Month) (Doy) (Year) (Hourl 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 30 MWV that (I) (see) lost sow the deceased alive on.... ...ond that in (my) (and) opinion death occurred on the date ond hour and from the couses stated above. (1) (will be the holy ofter death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Phys. Med. Stolf Director 23C. PHYSICIAN'S PHYSICIAN Dr. 23D. ADDRESS Thomas Brennan 5217 Harford Road M.D 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify) 4/27/66 Burial Moreland Memorial Park Baltimore, Md. 25B. NAME OF REGISERADO MA Schimunek Funeral Home, Inc. ADDRESS

3331 Brehms Lane

	212
-	TEBRE
	1000
	S 8 8
	B 00 5
	Te Do
	5)
	A C C S
	0 0 0 0 0
	5 5 5 5 7
	B
	0 + D L 0 0
	di niga p
D	THE BE
	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	in let
	S G
	D O O O O O O O O O O O O O O O O O O O
	= 64 > + q2
FUNERAL DIRECTOR: IMPORTANT	קים ביים
4	9 9 9 9
7	Sich
Ö	S + P P P L
0	is and o
E	ls of
-	9 4 6 5 B E
**	P - 1 0 L B
5	an and and and and and and and and and a
Y	E.E.T. o D. o
O	X P A S P P
RE	3) (S) L
=	ing s
-	dico di co
4	e d
2	THOUSE S
ш	hice du e
Z	ch th ys
2	Ph 6 2 Ph 6
	+======================================
	P = S Z Z Z
	d l
	9 P D D D D D D D D D D D D D D D D D D
	or x x broad
	G+ 69 .0
	5
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	St en
	bi ho
	- 0 0 D + D
	at a series
	A A
	EXE PO
	Pod Ses
	W W
	his no as
	下十5303

BALTIMORE CIT	Y HEALTH DEPARTMENT	CC OADLA
BIRTH NO. 66 04314 CERTIFICA	ATE OF DEATH × Registered No	66 ()4314
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) JACOBS SR. EDWARD	T APRIL 22 196	66 9:45A N
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If ins A, STATE B. COUNTY	titutian: lesidence befale admission)
FULL NAME OF (If not in hospital or institution, give street	MD A. A. Co.	
HOSPITAL OR oddress or location) NSTITUTION	C. CITY OR TOWN (If outside city limits, write R	URAL and give township)
CT ACNES HOSDITAL	D. STREET ADDRESS (If rurol, give location)	0400
ST AGNES HOSPITAL	206 REGENCY CIRCLE	
S. SEX 6. RACE WHITE 7. MARRIED, NEVER MARRIED WIDOWED (specily)	B. DATE OF BIRT 9. AGE (In years lost birthday)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Water Repairman Balto. Water Service	MD	U. S.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
THOMAS JACOBS	HELEN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No 218-22-1273	ST AGNES HOSPITAL CATON	I & WILKENS AVE
. 18. 3 2 5 XI CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1)000000	
(This does not mean the mode of dying, e.g., DUE TO	Oracia	
heal failure, asthenia, etc. Il means the disease, injury or complication which coused death.)	Con Pulmanda	
ANTECEDENT CAUSES IB)	Cor Pulmonale Chronic Lung Fibrosis	
DISEASES OR CONDITIONS, if ony, giving	Marin Lung Ellerosis	
rise to the obove couse (A) stating the (C)	Carachae Sang	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	NO 20 A. AUTOPSY? IYes of No. 20 B. IF YES, WERE F	
OR CONTRIBUTING CAUSE OF home, lorn, foctory, street.	in or obout 21 C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
DEATH (notify medical examines) etc.) 21D. TIME IMonth) (Day) (Year) IHour) 21E. INJURY OCCURRED While At Not Wh	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX.) While At Not Wh Work At Work		
22. I certify that (1) (this hospital) attended the deceased from	3-26-66 19 to 4.	-22 19 66
that (I) (we) last saw the deceased olive an APRIL 22	19 66 ond that in (my) (our) apin	
and haur and from the couses stated above. (1) (We) (did) (did not)	view the body after death.	
23A. SIGNATURE		238. DATE SIGNED
M.D. A	Med. Stalf Phys.	4-22-66
23C. PHYSICIAN'S NAME I Type EWALDO WEISS M.D	23D. ADDRESS . CATON & WILKENS AVE. BA	ALTIMORE MD
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION ICI	y, town, or county) (Stole)
Burial Apr. 26,66 New Cathedral 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Cemetery Baltimore, A	Maryland ADDRESS
APR 28 1966 10 1 8 3 Falluna	George J. Gonce - 4001 Ri	
VS 150-REV. 1/1/65		ore, Md. 21225

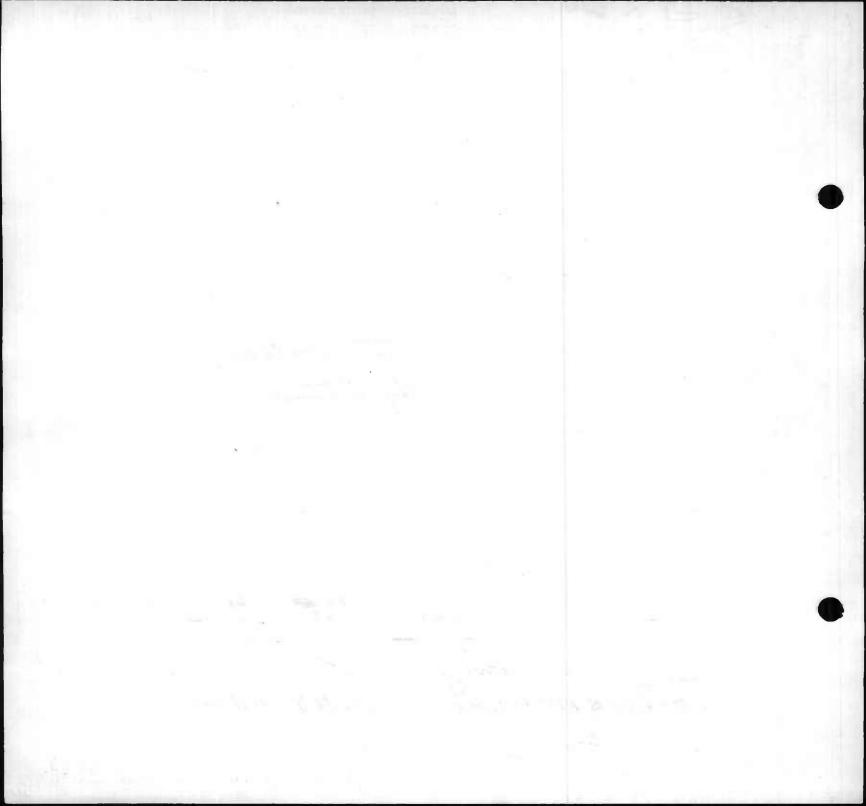
F 5 4 (C) um die.

	BALTIMORE CITY	HEALTH DEPARTMENT		CC OARTS
BIRTH NO. 66 ()4315	CERTIFICAT	TE OF DEATH	Registered Na	66 04315
M.E. CASE NO. 1. NAME OF DECEASED	- 0 :		ID HOUR OF DEATH	
(Type or Print) TUE ODOF T	PHILLIP	e 11	25 66	1
3. PLACE OF DEATH IN BALTIMORE, MARTLAND	HILLIP		re deceosed lived. If instit	ution: residence before admission)
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location) INSTITUTION	street	MARYLAN	1	AL and give township)
0 916 S. BAYL	15	D. STREET ADDRESS (II	rurol, give location)	0-
		916 5,13,	AYLIS C	57.
6. RACE 7. MARRIED, NE WIDOWED, D MALE WHITE MARR	VER MARRIED IVORCED (specify)	1-9-1888	9. AGE (In years I N	f Under 1 Yr. If Under 24 Hrs. Nonths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY	1. BIRTHPLACE (State or forei	ign country)	2. CITIZEN OF WHAT COUNTRY?
STATIONERY ENG. SCHOOL	SYSTEM	MD.		U.S. A
13. FATHER'S NAME		4. MOTHER'S MAIDEN NA	ME	
GEORGE PHILLIPS		Tra 7 E	n m	
15. Was Deceased Ever in U. S. Armed Forces? 16	SOCIAL	7. INFORMANT	77 77	ADDRESS
(Yes, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO.	MRS. CAROLI	JE Pilinis	26 911 S RAVILLE
1B. 1/1/2 1	CAUSE OF		NE I HILLIF	INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY		- 1 -	1	ONSET AND DEATH
LEADING TO DEATH	(A) Cerli	moderate Can	diovoculor	2da.
(This does not meon the mode of dying, e.g., heart foilure, osthenio, etc. It meons the disease,	DUE TO		Cusensa	
injury or complication which coused death.)	14,0	bette acini		5410
ANTECEDENT CAUSES	DUE TO	Cy United	MANAMAN () H H I O O POPO H O O PPO O O O O O O O O O O	
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the	(6)			
UNDERLYING CONDITION lost.	(C)		***************************************	
_ 11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHI WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 1218, PL/	CH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
		or obout 21C. WHERE DID ce bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 21E IN	JURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Work	At Work Not While			
22. I certify that (I) (this hospital) attended the	deceased fram	1-5	19 6-1 to	4-25 1966
that (I) (week last saw the deceased alive an	4-25	/ (n death accurred an the date
and have and from the causes stated above. (1) (
23A. SIGNATURE	(23	B. DATE SIGNED
Stanky B. Klyanow	M.D. Atter		Stoff Phys.	4/27/66
23C. PHYSICIANS NAME (Type) STANLEY B. KLITANOWIE		1016 8. EA	ASTAUE; 1	Balto Met -
	of CEMETERY or CREA		SCATION (City,	town, or county) (Stute)
BURIAL 4-28-1966 SC	HWARTT'S	CEMETERY 10	BALTIMARE	MD.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF B	EGISTRAL	25C FUNERAL DIRECTOR	- 11110116	ADDRESS I

APR 28 1965 VS 150-REV. 1/1/65 Relat E. Farley MA

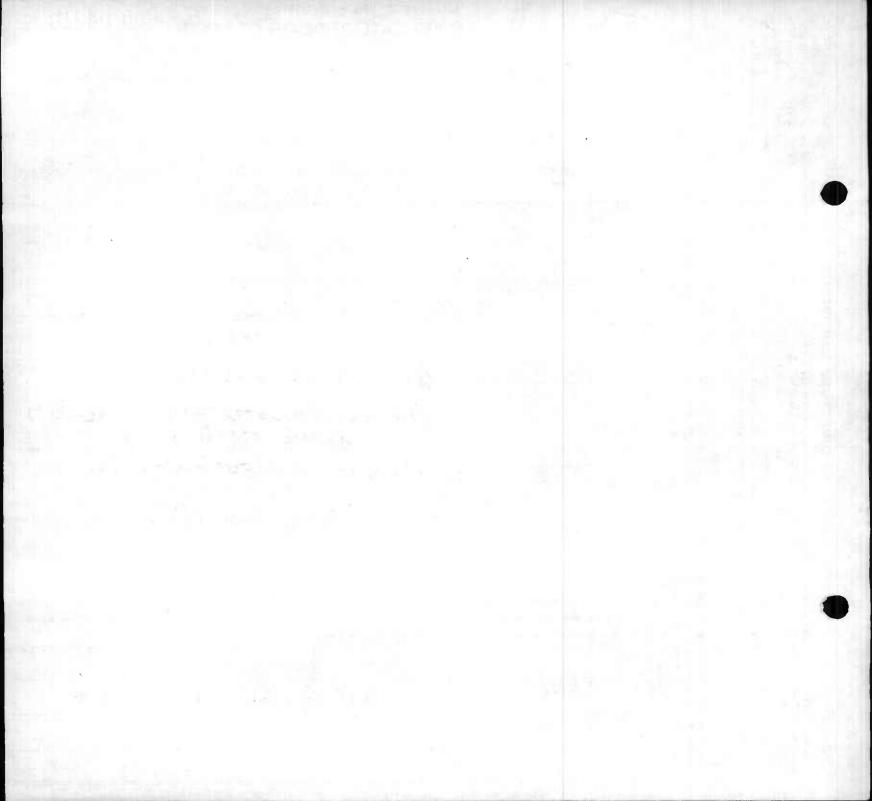
HOFFMANN FUNERAL

HOME 3218 HUDSON ST.

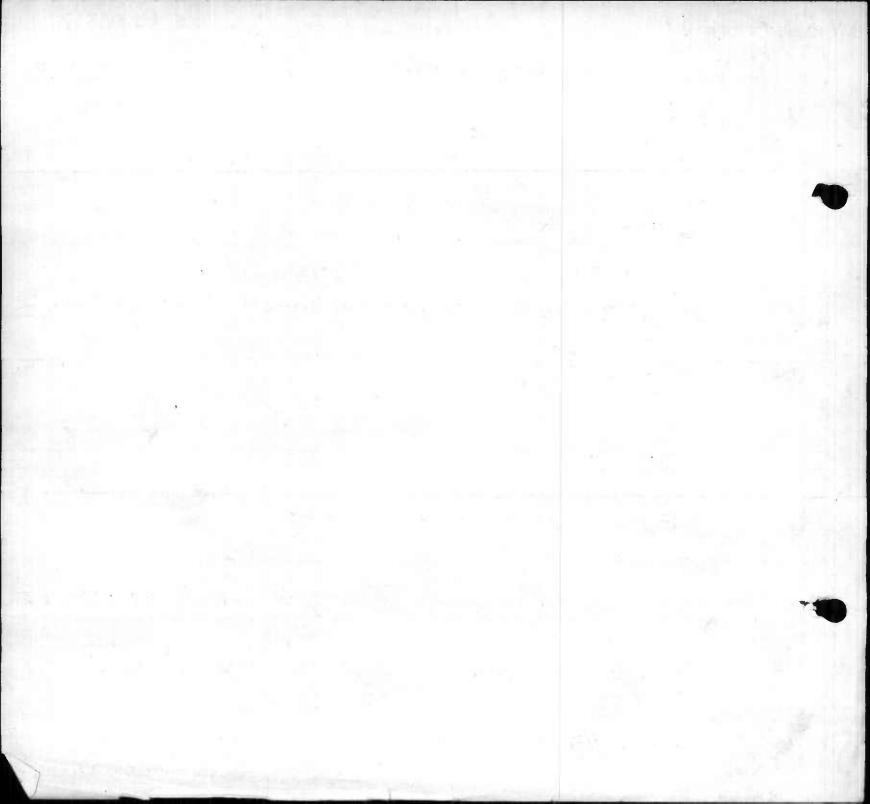


FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT 66 04316 Registered Na. BIRTH NO. RTIFICATE OF DEATH Deceased ce on the of death M.E. CASE NO. I. NAME OF DECEASED D'ATE AND HOUR OF DEATH 05 (Type or Print) AWRENCE hospital eath. 4. USUAL RESIDENCE/(Where deceased A. STATE B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND fived. Il institution: residence before admission) ance Undetermined cause; (5) Nd cause (If not in hospital or institution, give street FULL NAME OF 0 HOSPITAL OR C. CITY OR JOWN IIf autside city limits, write RURAL and give township! attend 0 prior contributing D. STREET ADDRESS rural, give lacation occurred made. regular 9. AGE (In years 5. SEX 7, MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH II Under 1 If Under 24 Hrs. deceased WIDOWED, DIVORCED (specify) last birthday Months Days Hours CUED 10A. USUAL OCCUPATION (Give kind of work) 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death disposition done during most of working life, even if retired) SID 13. FATHER'S NAME the 14. MOTHER'S MAIDEN NAME 4 CORRE eath 0 kind; 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no ar unknown)(If yes, give wor or dotes of service) SECURITY NO. HARRIGT attendance 219-01-5500 any pronounced CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH Also, DISEASE OF CONDITION DIRECTLY embalmed of LEADING TO DEATH (This does not meon the mode of dying, e.g., fractur hearl failure, asthenio, etc. Il means the disease, chief medical examiner examiner. regular injury or complication which coused death,) ANTECEDENT CAUSES who are 4 DISEASES OR CONDITIONS, if ony, giving 3 to the obove cause (A) stating the physician the remains UNDERLYING CONDITION last. Was medical burns; CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED physician TO THE DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH PERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING SAUSES OF DEATH? the 0 before by the 2 21 A. ACCIDENT WAS UNDERLYING 21 & PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID Boltimore City, give exact location) here OR CONTRIBUTING CAUSE OF hame, form, factory, street, affice bldg., INJURY OCCUR? to the hospital °Z DEATH (notify medical examiner nature; 3 MEDIC obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While [[APPROX.] and Work At Wark any 22. I certify that (1) (this bospital) attended the deceased from leath); pe that (1) (we) ast saw the deceased alive an. and that in (my) (evr) opinion death accurred on the date of hospital the body was released and hour and from the causes stated above. (1) (Me) (did) (did not) view the body after death. must An accident 23A. SIGNATURE 238, DATE SIGNED O Attending Phys. M.D. Med. Staff 10 Director approval ō 23C. PHYSICIAN'S 23D. ADDRESS prior at NAME (Type) 24A. BURIAL CREMATION. 24C. NAME of CEMETERY OF CREMATORY eceased 24D. LOCATION tawn, ar county) (Stote) o REMOVAL (Specify) written LOUDON PARK shows: Ö CREMATION Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65



22	8ALTIMORE CIT	TY HEALTH DEPARTMENT	0.40 400
2005	BIRTH NO. 66 04317 CERTIFICA	ATE OF DEATH X Registered No. 100	6 04317
of deat Decease e on th ath. Suc	M.E. CASE NO. 1. NAME OF DECEASED (Typo or Print) Robert Wesley Windso 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH A. USUAL RESIDENCE (Whore decosed lived, If institution A. STATE B. COUNTY	2,30 p.M.
(5) and dec	FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR oddress or location) INSTITUTION	Marion Stat C. CITY OR TOWN (If outside city limits, write RURAL	
0 0	& University Hospital	D. STREET ADDRESS (If rurol, give location)	ned
de red			69-00
determin in regule leceased ion is ma	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) May vied	12/8 23 lost bightdoys Month	nder 1 Yr. If Under 24 Hrs. hs: Doys Hours Min.
or condet sin dec	done during most of working life, even if refired Body & Fender Shop.		CHIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Robert W. 15. Was Deceased Ever in U. S. Armod Forces? [16. SOCIAL]	Tressie Elliott	
the kind dear	15. Was Deceased Ever in U. S. Armod Forces? (Yes, no or unknown) (III yes, give war ar datas al sorvice) VES WORLD WAR TT 218-20-6975	17. INFORMANT 5 MAS. ELEANOR WINDSOR - MARI	ADDRESS ION STATION, MD.
Also, if to of any nounced attenda	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., DUE #0.	Condice crest	INTERVAL BETWEEN ONSET AND DEATH
fractur ho pror	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES (B) DUE TO	Bortmiles	
(3) A an w in r	DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.	Lang Dusband 50h	mp.
medical / burns; physicic ian was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
ital by a me e; (2) Body by there the phy No physician before the re	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INTURY (e.g., home, lorm, foctory, street, otc.)	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDIN IN CERTIFYING CAUSES OF No of the control of	OF DEATH?
aturatur pt w (6) f	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED While At Not Work At Work	rk 🗆 💮	1 noth
of any of any al (ex h); ar be ob	22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last sow the deceased alive on 17 pril 25		eath occurred on the date
was released to An accident of L. at a hospital prior to death)		thonding Med. Director Phys. 23B. D	PATE SIGNED 25 4/66
0 7 7		REMATORY 240. LOCATION (City, town LETERY MARION STATION)	n, ar county) (Stota)
the body shows: (1 was D.O decease	APR 28 1966 Register E. Salley M. R.	BRADSHAWY JONS - CRISE	ADDRESS ELD, MD.
	VS 150-REV. 1/1/65		



shows:

Mas

VS 150-REV. 1/1/65

of death Deceased

hospital

O

occurred

Such

death.

prior

HO

ance (2) cause

attend

9

BALTIMORE CITY HEALTH DEPARTMENT 66 04318 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. OATE AND HOUR OF DEATH (Type or Print) Wiley Sims
3. PLACE OF DEATH IN BALTIMORE, MARYLAND April 25, 1966 12:20a 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A. STATE
B. COUNTY (If not in haspital or institution, give street Maryland FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore 1514 Division Street (If rural, give location) D. STREET ADDRESS Baltimore, Maryland 21217 is made. 1343 W. North Avenue 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX 8. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours WIDQWED, DIVORCED (specify) Months Oays July 6, 1894 Male Female widowed IDA, USUAL OCCUPATION (Give kind of work 10B, KINO OF BUSINESS OR INOUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) U.S.A. None None Georgia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown Unknown 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT AODRESS final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 228-05-6159 James Curtis-friend 1548 W. North Avenue yes CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving to the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No! 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID hame, form, factory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimore City, give exact location) OEATH (notify medical examiner) atr 1 (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DIO INJURY OCCUR? OF INJURY

Not While While Ar (APPROX.) Work 22. I certify that (1) (this haspital) attended the deceased from April 21. 19 66 ta April 25. that (I) (we) last saw the deceased alive an April 25. 19 66 and that in (my) (aur) opinian death accurred an the date and haur ond fram the couses stated above. (1) (We) (did) (did not) view the body after death. 23A, SIGNATURE 238 DATE SIGNEO Attending M.O. Med. Director Phys. April 25, 1966 Phys. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) Roger Theodore 1514 Division Street-Baltimore 17, Maryland 24A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) REMOVAL (Specify)
Burial -29-66 Baltimore Nat'l Cem. Baltimore Maryland 258. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH OFFT. 25C. FUNERAL DIRECTOR

outsimme, Narylan 1942 (London Santano

WPAL A glob pewellife eggset eggs

awon and

Fertire Broader and Applications of the Application

4.00

do think

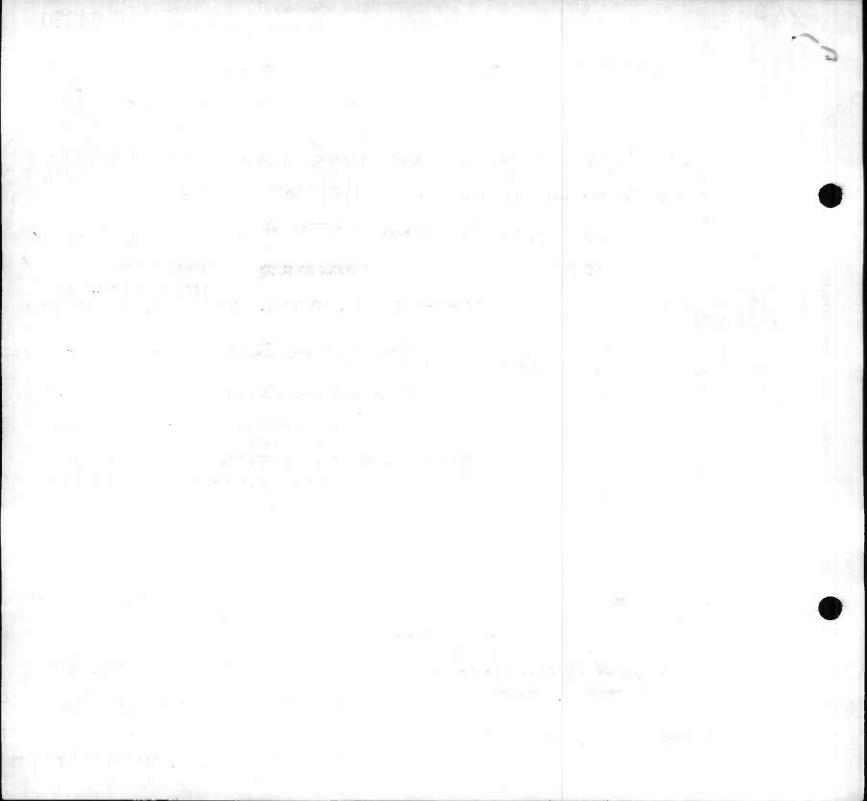
FIUNDAN TERON

Such

BALT	TIMORE CITY	HEALTH DEPARTMENT		00 -1016
BIRTH NO. 66 04319 CEN	RTIFICA	TE OF DEATH	Registered Na.	66 04319
1. NAME OF DECEASED (Type or Print) SALZMAN, BESSIE		2. DATE AI	TO HOUR OF DEATH	1015 P.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give street		A. STATE B. COUN	re deceased lived. II in	nstitution: residence befare admissio
HOSPITAL OR oddross or location)	. 11	C. CITY OR TOWN (If ou	itsido city limits, writo	RURAL ond givo township)
Jewish Convalescent + NURSI 460 [PAIL MAIL ROAD. BATTE	ing Home	D. STREET ADDRESS (IF	ourol, give location) AVENUE	
5. SEX 6. RACE 7. MARRIED, NEVER MA WIDOWED, DIVORCE MARRIED	ANNIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 H Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS done during most of working life, even if retired)	OR INDUSTRY		ign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE AT HOME		RUSSIA 14. MOTHER'S MAIDEN NA	ME	USA
? WAGMAN 15. Was Deceosed Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no or unknown) (If yes, give wor or dotos of service) SECURI	L ITY NO.	?		ADDRESS
NO	10	MR. BENJAMIN S	ALZMAN 3600	
DISEASE OR CONDITION DIRECTLY	CAUSE O		Di Cotradi	INTERVAL BETWEEN ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying, e.g., heart loilure, osthenio, etc. It means the disease,	DUE TO	ARI TRACT	Linterlino	5 mor 7045
injury or complication which caused death.! ANTECEDENT CAUSES	(B) CHIZO	UE LYMPHATIC	Leucemin	9 months
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION last.	(C)			0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPE	ERATION	20 A. AUTOPSY? (Yes or	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF home, form, for DEATH (notify modical examiner) 21B. PLACE OF home, form, for etc.)	INJURY (e.g., is ctory, street, of	or about 21 C. WHERE DID injury OCCUR?	(II in Boltimo	ro City, give exact location)
21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OF INJURY (APPROX.)	CCURRED Nor Whil At Work	21F. HOW DID IN	JURY OCCUR?	
22. I certify that (1) (this hospital) attended the decease that (1) (we) last saw the deceased alive an			.17 .9210	25 AN2-66 19 Inlan death accurred on the d
and haur and fram the causes stated abave. (1) (We) (dic				23 B. DATE SIGNED
Malcolin S. S) nuskin	Phy		Stoll Phys.	25 Apr66
MALCOLM S. DRUSKIN	M.D.	230. ADDRESS 2217 South	ROAD, BA	16 70 9, MD.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMBERS BURIAL 4/26/66 BETH HAME			OSEDALE, MA	City, town, or county) (State) RYLAND
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRA		25C FUNERAL DIRECTO		Brun ADDRESS
VS 150-REV. 1/1/65		6010	Reisterstown	

- TOTAL - TOTA

VS 150-REV, 1/1/65



the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) Na physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final dispositian is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and FUNERAL DIRECTOR: IMPORTANT

00 - 4004	BALTIMORE CITY	HEALTH DEPARTMENT	CC 04904
BIRTH NO. 66 ()4321	CERTIFICA	TE OF DEATH Registered No.	66 04321
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) BENTAMIN B	RUNDORFF	2. DATE AND HOUR OF DEATH	4 4 4 4 4
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where deceased lived. If	institution: residence before admission)
FULL NAME OF (If not in hospito) or institu HOSPITAL OR oddress or location)	ution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
UNION MEMORIA	L HOSPITAL	D. STREET ADDRESS (If rurol, give location) 5316 LYNVIEW A	VENUE.
	RRIED, NEVER MARRIED OWED, DIVORCED (specify) MARRIED	B. DATE OF BIRTH 9, AGE years lost bir 6	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A USUAL OCCUPATION (Give kind of work 10B, KINdone during most of working life, even if retired)	D OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sie e or foreign cou try)	12. CITIZEN OF WHAT COUNTRY?
WERCHANT	RESTAURANT	RUSSIA	USA
13. FATHERS NAME	1103111011111	14. MOTHER'S MAIDEN NAME	
PHILLIP BRANDOR	RFF	SARAHE. RABINOW	ナス
15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS
(Yos, no or unknown) (III yes, give wor or dates of sor	214-18-2209	WIFE MRS. Goldie BRA	Whorff SAME
18. 4-20,11	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CÓNDITION DIRECTLY LEADING TO DEATH	Malla	10 400 m 14/500	
(This does not mean the mode of dying,	e.q., DUE TO	CARDIAL INFARCTION L-W	4-27-66
heart failure, asthenia, etc. It means the dis	seose,		1-27-66
ANTECEDENT CAUSES		NSION OF INFARCT.	4-27-66
DISEASES OR CONDITIONS, if ony,	DUE TO		
rise to the obove couse (A) stolling UNDERLYING CONDITION lost.			
ONDERENTO CONDITION (OS).			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THE INSULT	OP OPERATION ETC	
198. CONDITION WAS PERFORMED LUMBAR	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED
=14-17-66 LUMBAR	SYMPATHECTOR	ey No	
OR CONTRIBUTING CAUSE OF DEATH (notify modical examine)	21B PLACE OF INJURY (0.9., inhomo, form, foctory, street, of etc.)	ffice bldg., INJURY OCCUR?	re City, givo exoct locotion)
OF INJURY (Month) (Doy) (Year) (Hours	21E, INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(A PPROX)	While At Not While At Work		
22. I certify that (this hospital) atten	ded the deceased from	4-12-19 66 10	4-27 1966,
that (1) (***) lost sow the deceased alive	4-7	7 19 66 and that in (my) (-) or	Inion death occurred on the date
and hour and from the couses stated abo	ve. (1) (%) (did) (disset)	view the body ofter death.	
23A. SIGNATURE	0		23 B. DATE SIGNED
Certhon M. ADM	A.D. Atte	ending Med. Stoff Phys.	4-27-66
23C. PHYSICIAN'S NAME (Type)	0	23D. ADDRESS	
ARTHUR M. LA BRUCE,	JR. M.D.	UNION MEMORIAL	HOSPITAL
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	4C. NAME OF CEMETERY OF CRI	EMATORY 24D. LOCATION	City, town, or county (Stote)
BuriAL 4/28/66	Chinick Comun	(colonaton) Sallimore	Manylied
25A. DATE REC'D BY HEALTH DEPT. 258, N.	AME OF REGISTRAR	25 CF FUNDRAL DIRECTOR	ADDRESS POL
VS 150-REV. 1/1/65	12/1 C. ACTION LINE	Ill Levenson & Broskic	6010 Kersbrotory FO

TITUE SECTION OF THE SECTION OF THE

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

		0 100		BALTIMORE CITY	HEALTH DEPARTMENT		66 04322
BIR	тн но. 6	6 0432	2	CERTIFICA	TE OF DEATH	Registered No	00 04066
	E CASE NO.	ASED		021(1110)		AND HOUR OF DEAT	H
	P°("U"HLE	- Am	N) Ellen	C. Ilhler		5-66, 5-53	a contract of the contract of
3.	PLACE OF DEA	TH IN BALTIMOR	E MARYLAND	o. onitei	4. USUAL RESIDENCE (W	here deceased lived. If	institution: residence before admission)
					A. STATE B. CO		12 OF
1	FULL NAME OF	F (If not in ho oddress or I	spital or institution, acation)	give street		LAND.	e RURAL and give township)
1	INSTITUTION	11-000	as or	MARYZAND,	BASTIMOR		E KOKAC OIIO GIVE IOWIISIIIDI
6	DIHZKAN	JOSPII	AL OF	MIMA I DELLEY	D. STREET ADDRESS	(If rural, give lacation)	
17	30-ASI	HBURTON	STREET	1.	2512 Taylor	Ave.	
5.	SEX IIIV	6. RACE	7. MARRIED	, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
	F	W		D, DIVORCED (specify)	11-3-83	lost birthday)	Months Doys Hours Min.
		PATION (Give kind vorking life, even if re	stired)	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stote or f	oreign country)	12. CITIZEN OF WHAT COUNTRY?
R	etired S	aleslady	Dept	. Store	Maryl	and	USA .
13.	FATHER'S NAM				14. MOTHER'S MAIDEN N		
		?	Bote	ler		Unknov	VIII.
15.	Was Deceased	Ever in U. S. Arm	ed Farces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Ye	No No	(If yes, give wor	or dates of service)	SECURITY NO. 217-03-8252	Mrs. Dorothy	Back	(Same)
-				CAUSE O		Daon	INTERVAL BETWEEN
	18. 4 4	E OR CONDITIO	N. DIRECTIV	CAUSE O	DEAIN		ONSET AND DEATH
		LEADING TO DE			Momia	ę.	Few months.
			de af dying, e.g.	DUE TO	Henria		
		asthenia, etc. It i plication which c	means the disease, aused deoth.)	,	VO	•	
	A	ANTECEDENT CA	LUSES	(B)	- Aperlens	· · ·	***************************************
	DISEASES O	R CONDITIONS	, if any, giving	DOE 10			
	rise la lhe	abave cause	(A) sloling the				
	UNDERLYING	CONDITION Ia	st.				
z		11	CONTRIBUTION	0			
ATIO	TO THE DI	EATH BUT NOT	RELATED TO TH	HE			
I S	19A. DATE OF		CONDITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
ERTIFIC	0	WA	S PERFORMED		NO	IN CERTIFYING C	CAUSES OF DEATH?
ü	21 A. ACCIDEN	T WAS UNDERLY	ING 211	B. PLACE OF INJURY (e.g., in	ar about 21C. WHERE DID		ore City, give exact lacation)
¥	DEATH (notify	TING CAUSE O	etc	me, form, factory, street, of .)	ince biag., INJURI OCCUR		
DIC	21 D. TIME	(Month) (Day)	(Year) (Hour) 216	. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
N N				hile At Not While	e 🦳		
				ork			
	an			the deceased from	4.21	1966 10	4.26 1966
			ceased alive on	~ / .\			pinion death accurred on the date
		/	s stated above. (t) (We) (did) (did not) v	iew the body ofter deat	h. /	
	23A. SIGNATU	COO S					23 B. DATE SIGNED
	0	ansig)	Jeloc	M.D. Affe	s. Med. Director	Stoff Phys.	4.26.66
	23C. PHYSICIA				23D. ADDRESS	.02.1-1	
	LAVIXI	4 WEH	MOOD >	M.D.	Julian it	Spilal of	Maryland.
24	A. BURIAL CREA	15 h	1	AME of CEMETERY OF CRE			(City, town, or county) (State)
	Buria	1 4/2	9/66. L	oudon Park Cem	etery	Baltime	ore, Md.
25	A. DATE REC'D	BY HEALTH DEPT	25B. NAME	OF REGISTRAR	25C. FUNERAL DIRECT	TOR	ADDRESS
	Δ	PR 28 19	6 00	E. StarbeyMA	Leonard J. F	Ruck Inc. Bal	lto. Md. 21214
VS	150-REV. 1/1/6	5					

- At the Victoria of the collective of the

The part of the pa	ME CASE NO. THANK OF OLICEARD MARIANO CHURCA JAPACE OF DEATH IN BATHMORE, MARIANO LANGE OF DEATH IN BATHMORE, MARIANO RICH NAME OF SECOND DEATH IN BATHMORE, MARIANO RICH NAME OF SHORE OF DEATH IN BATHMORE, MARIANO RICH NAME OF SHORE OF DEATH IN BATHMORE, MARIANO RICH NAME OF SHORE OF SHOR	0,6201	BALTIMORE CITY HEALTH DEPARTMENT CENTIFICATE OF DEATH Registered No.	66 04323
3. FRACE OF DEATH IN BALTIMORE MARTHAND WILL HAME OF BLOOD IN CONTROL OF BUSINESS OR INDUSTRY BALTIMORE BAL	BALLIMORE OF DEATH IN BALLIMORE, MARTLAND FILL NAME OF BLOWN CONTROL BY BALLIMORE AND	l and death eased n the Such	M.E. CASE NO. 1. NAME OF DECEASED 12. DATE AND HOUR OF DEATH	6.CO D.
Baltimore (ity Hospital D. STREET ADDRESS (8) Long ave location) D. STREET ADDRESS (8) Long ave location locatio	Baltimore (ity Hospital D. STRET ADDRESS BI UNITED PAY TO POSE TO STREET ADDRESS BI UNITED PAY TO STREET ADDRESS OF INDIVISION ADDRESS BI UNITED PAY TO STREET ADDRESS OF INDIVISION ADDRESS BI UNITED PAY TO STREET ADDRESS OF INDIVISION ADDRESS OF INDIVISION ADDRESS OF INDIVISION ADDRESS BI UNITED PAY TO STREET ADDRESS OF INDIVISION ADDRESS OF IN	nospite se of (5) Dec ance c death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived. If institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RU)	8-01
Second	15. SEA	d in cau	Baltimore (ity Hospital D. STREET ADDRESS . (If rural, give location)	oad
Returned Iailan Clothing Islamy Mother Mande Mother	DISEASE OR CONDITIONS, if any, giving inso to the above coses (A) stellar to the UNDERLYING CONDITION CONTRIBUTING TO THE SIGNIFICANT CONDITION CONTRIBUTING CONTR	7 0 0 D	5. SEX ARRIED, NEVER MARRIED 8. DATE OF BIRTH 9, AGE (In years Male White Whowen, Olvorced (specify) 4-17-1891	If Under 1 Yr. If Under 24 Hrs Aonths Days Hours Min.
Transport and was lift by the give war of dotes of service) 10	The state of the constitution of the course	death or co Undete as in r	done during most of working life, even if retired)	12. CITIZEN OF WHAT COUNTRY?
Transport without well fire, give well or dotes of service) 15	SECURITY NO. 217 32 9821 CAUSE OF DEATH CAUSE OF DE	direct; (4) Uh wan the		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foliume, esthenic, etc., II means the disease, injury or complicetion which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the UNDERLYING CONDITION SC ONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION FOR WHICH OPERATION OR CONTRIBUTING CAUSES OF DEATH? OF INJURY (APPROX.) 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive an and hour and from the causes stated abave. (I) (We) (did) (did ngt) view the bady after death. 238. DATE SIGNED MAD. Altending Med. Stoff MAD. Altending Med. Stoff Med. Sto	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heer legiture, esthenic, etc. II meens the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving inse to the obey couse (A) sleting the UNDERLYING CONDITION Scontinum (C) TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING III. OTHER SIGNIFICANT CONDITION CAUSING III. PORT OF CONTRIBUTING CAUSES OF DEATH? OF PROXID OF CONTRIBUTING CAUSES OF DEATH? OF CONTRIBUTING CAUSES OF DEATH? OF CONTRIBUTING CAUSES OF DEATH?	kind deat	(Yes, no or unknown) (If yes, give wor or dates of service) 10. SOCIAL SECURITY NO. 217329821 Luigina (iurca	same
UNDERLYING CONDITION lost. Comparison of the condition	ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if ony, giving itise to the above couse (A) stoling the UNDERLING CONDITION tost. II OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION TO THE DEATH BUT NOT RELATED TO TH	Also, re of a nounce attend	OISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, osthenio, etc. II meens the disease,	ONSET AND DEATH
19.4. DATE OF OPERATION 19.8. CONDITION FOR WHICH OPERATION 20.4. AUTOPSY? (Yes or No) 20.8. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21.4. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (notify medical examiner) 21.8. PLACE OF INJURY (e.g., in or about Nome, farm, factory, street, office bidg., PLACE OF INJURY OCCUR? 21.8. THOW DID INJURY OCCUR? 21.8. THOW DID INJURY OCCUR? 21.8. THOW DID INJURY OCCUR? 22. I certify that (I) (this hospital) attended the deceased fram 19.6.	19. DATE OF OPERATION 19. CONDITION FOR WHICH OPERATION 20. AUTOPSY? (Yes or No) 20. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoling the (C) UNDERLYING CONDITION lost.	
21A. ACCIDENT WAS UNDERLYING OR CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22L. I certify that (I) (this hospital) attended the deceased fram (A) Work 22. I certify that (I) (this hospital) attended the deceased fram (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID OR CONTRIBUTING CAUSE OF bome, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURED Work At Work 21F. HOW DID INJURY OCCUR? While At Not While 1966 and that in (my) (aur) aplinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE A. M.D. Attending Med. Stoff Phys. 23B. DATE SIGNED 23D. ADDRESS 2	physic physic an we	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
DEATH (notify medical examiner) DEATH (notify medical examiner) DEATH (notify medical examiner) 21D. Ting (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.) While At Not While At Work At Work 22. I certify that (I) (this hospital) attended the deceased fram 4/1 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	DEATH (notify medical examiner) PORTH (Notify medical examiner)	0 + + 0	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore C	ES OF DEATH?
22. I certify that (I) (this hospital) attended the deceased from 4/1 1966 to 4/126 1966 that (I) (we) last saw the deceased alive an 4/120 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED	22. I certify that (I) (this hospital) attended the deceased fram 4/1 1966 to 4/26 1966 that (I) (we) last saw the deceased alive an 4/20 1966 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED 23B. DATE SIGNED 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) DIA (19, 110 HS7CIN) M.D. 121 S. HILL HARNO ALE PARTU, 21, Mu	No No	DEATH (notify medical examiner) etc.) D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
that (I) (we) last saw the deceased alive an 4 19 and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (I) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23B. DATE SIGNED	that (1) (we) last saw the deceased alive an # 19 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE 23A. SIGNATURE 23A. SIGNATURE 23B. DATE SIGNED 23C. PHYSICIAN'S NAME (Type) 121 J. HIL HLAND ALE PARTU. 27, Mu	y n xce ind	(APPROX.) While At Work At Work	26 1066
M.D. Attending Med. Stoff	Dig of B B B My cynen Mighten M.D. Attending Med. Stoff Whys. W/27/66 23C. PHYSICIAN'S NAME (Type) Did. 19. HILL HSTEIN M.D. 121 S. HILL HAND ALE PARTU. 27, M.D. 121 S. HILL HAND ALE PARTU. 27, M.D.	of of p	that (I) (we) last saw the deceased alive an 4/20 1966 and that in (my) (aur) apinio	an death accurred an the dat
	23C. PHYSICIAN'S NAME (Type) HIGHSTEIN M.D. 121 S. HILHAND AUT PARTU. 2%, Mu	P	23A. SIGNATURE A.D. Attending Med. Stoff C	SB. DATE SIGNED
24C. NAME of CEMETERY of CREMATORY (City, town, or county) (Stote)		the bod shows: was D.C decease	APR 28 1966 Roles & Fallett Leonard J. Ruck Inc. B	ADDRESS

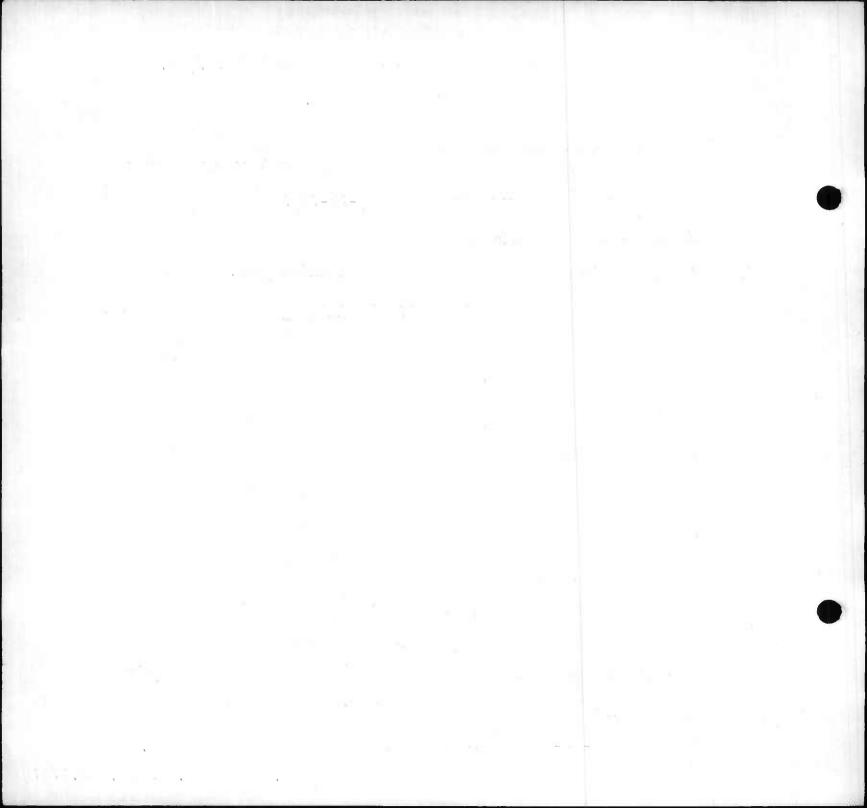
r) aplnian death accurred an the date 23 D. ADDRESS 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION 25A. DATE REC'D BY HEALTH DEPT. | 25B

APR 28 1966 emetery Baltimore, 25C. FUNERAL DIRECTOR Leonard J. Ruck Inc. Holy Redeemer

25B. NAME OF REGISTRAR

RD. F. E. Talley M. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

6:50 Pm.



IMPORTANT

DIRECTOR:

FUNERAL

examiner.

medical Body burns;

4

(3)

EXAMINER

MEDICAL

BY

APPROVAL

RELEASED

I, NAME OF DECEASED

FULL NAME OF

HOSPITAL OR

INSTITUTION

	-			
TT				витн
JJ				BURTH
		TI TO	0 -	1

Suc + dni rect or contributing cause of deat (4) Undetermined cause; (5) Decease no hospital death. ance attend 10 prior curred made. regular deceased isposition is Was the direct assistant LO death kind; TO final attendance any pronounced 0 Also, balmed fracture of

gular

10 Gre

=

physician

°N be

9

and

death) hospital

10

prior

deceased paritten ap

0

at An

D.O.A.

MOS

shows: (1)

obtained

pe

must

approval

who

physician

the 8

where

(except

3

any nature;

accident of

the body was released

to the hospital

by

approved

em

he remains Was

Ü

(Type or Print) 0 3. PLACE OF DEATH IN BALTIMORE MARYLAND

oddress or location)

4. USUAL RESIDENCE (Where deceased lived.

MARYLAND (If outside city limits, write RURAL and give township)

9. AGE (In years

74

C. CITY OR TOWN

B. DATE OF BIRTH

BALTIMORE

D. STREET ADDRESS (If rurol, give tocation)

126 SOLLERS POINT RD. #21222

2. DATE AND HOUR OF DEATH

BALTIMORE, MARYLAND 6. RACE Negro 7. MARRIED, NEVER MARRIED 5. SEX WIDOWED, DIVORCED (specify) MALE MARRIED

4940 EASTERN AVENUE

last birthday) 4-5-1892

14. MOTHERS MAIDEN NAME

(f Under 1 Yr. (f Under 24 Hrs. Months Days Hours

10A USUAL OCCUPATION Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) done during most of working life, even if retired)

(If not in hospital or institution, give street

BALTIMORE CITY HOSPITALS

VIRGINIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

If institution; residence before admission)

OM.

13. FATHER'S NAME

UNKNOWN

UNKNOWN

17. INFORMANT

ADDRESS

15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) ((f yes, give wor or dates of service)

SECURLTY NO. 2

6. SOCIAC

OVED

APPE

Œ,

BCH 4940 EASTERN AVENUE #21224 RECORDS: ECAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, heart failure, asthenia, etc. It means the disagse, injury of camplication which coused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, if any, the above couse (A) UNDERLYING CONDITION lost.

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.

198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION WAS PERFORMED

20A. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)

OMC 21 E INJURY OCCURRED

218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Boltimore City, give exact location)

MEDIC/ 21 D. TIANE (Doy) (Month) OF INJURY (APPROX)

(Year) (Haur)

Not While While At Work At Work

21'F. HOW DID INJURY STAIRS

22. I certify that (I) (this haspital) attended the deceased fram that (1) (we) last saw the deceased alive an.

66 19 ond that in(my) (our) opinion death occurred on the date

and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.

23A. SIGNATURE

M.D. Attending Phys. 23D. ADDRESS

Stoff Phys. Director

/24/66

238. DATE SIGNED

23C. PHYSICIAN'S NAME (Type)

4940 24C. NAME of CEMETERY OF CREMATORY

(City, town, or county)

DR. STEPHE REMOVAL (Specify) Burial

4-30-66

Baltimore, Maryland

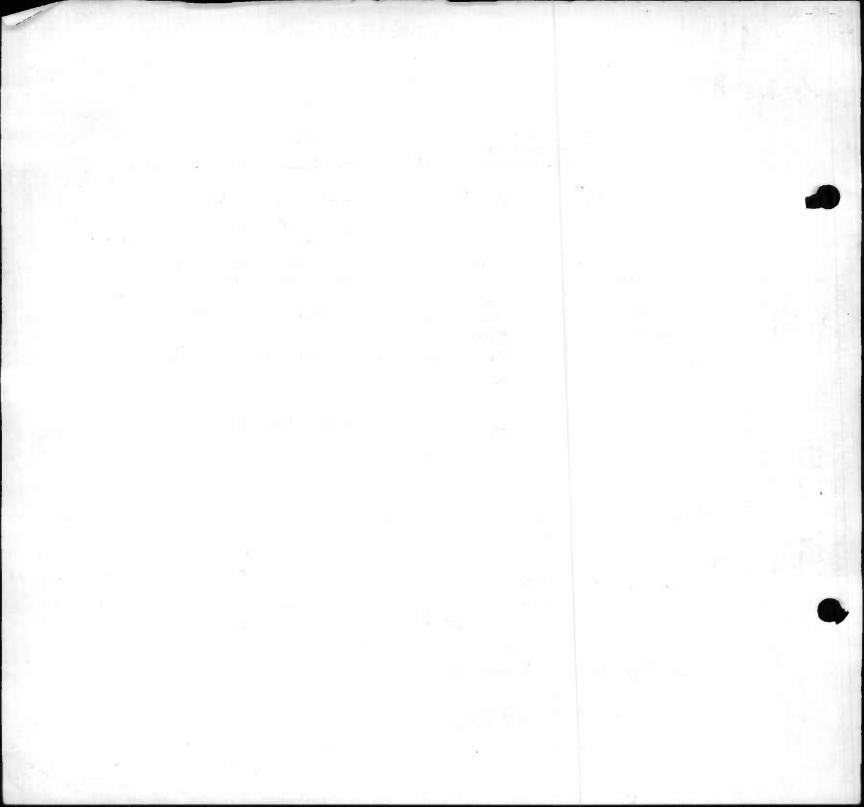
25B. NAME OF 25A. DATE REC'D BY HEALTH DEPT.

REGISTRAR COMPETERAL DIRECTOR

Med.

VS 150-REV. 1/1/65.

ADDRESS



assistant if IMPORTANT DIRECTOR: chief medical FUNERAL

examiner examiner. the

LO

attendance cause

in regular

Was the

death 0

pronounced

who

physician

the 8

where

(except

attendance

regular

=

physician

°Z

9

and

death)

40

prior

eceased

T

8

at

D.O.A.

MOS

kind;

any

of

fracture

4

3

burns; Was

(2) Body

nature;

any

accident of hospital

An

shows:

was released

the body

certificate

medical

by

to the hospital

the

approved by

Such

death.

10

prior

deceased

(5) Deceased

cause;

(4) Undetermined

of death

and

hospital

0

.5

death

contributing occurred

10

direct

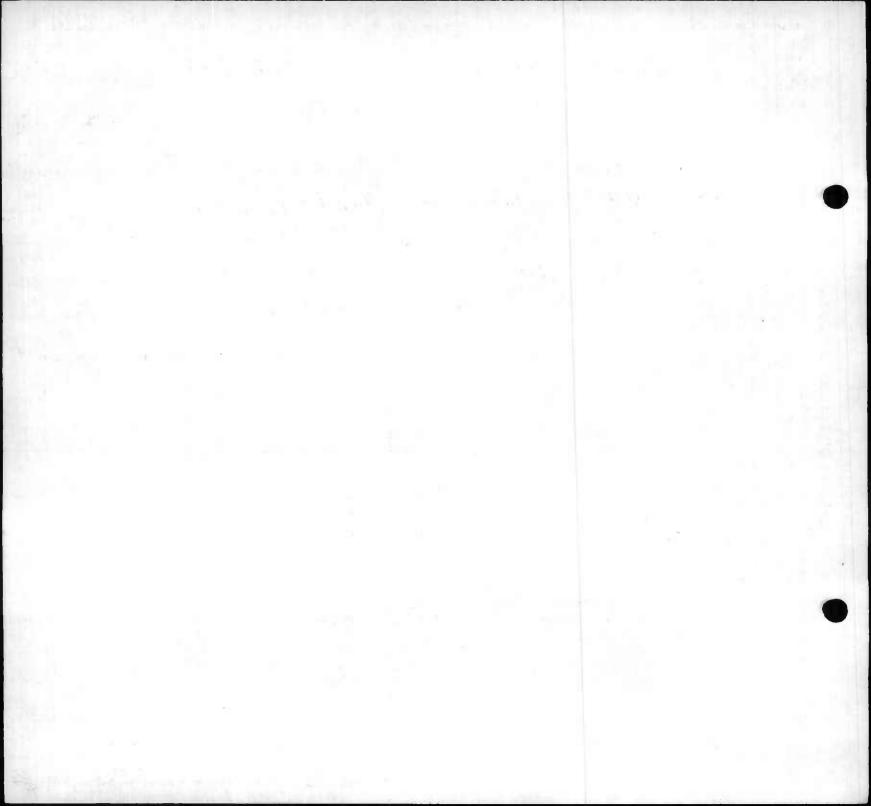
BALTIMORE CITY HEALTH DEPARTMENT 66 04325 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. NAME OF DECEASED DATE AND HOUR OF DEATH (Type for Print) P 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE Where deceosed lived. If institution: residence B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or tocotion) RURAL and give township INSTITUTION D. STREET disposition is made. 9. AGE (In years lost birthdoy) MARRIED, NEVER MARRIED If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. WIDOWED, DIVORCED (specify) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 4. MOTHER'S MAIDEN 104 15. Was Deceased Eve U. S. Armed Forces SOCIAL or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Family Same 1/3 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed RONCHOPHELMOHIM LEADING TO DEATH (This does not mean the made of dving, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death. ALLATRITITION + E ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last. before the remains CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 208 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) WAS PERFORMED C. WHERE DID 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or obout 27 C. WHERE DID home, form, foctory, street, office bidg., NJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) etc.) MEDICA obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While White At (APPROX.) At Work Work 22. I certify that (1) (this haspital) attended the deceased and that in (my) (aur) plnlon death accurred an the date pe that (1)((we))last saw the deceased alive an and hour and from the causes stated above. (I) (We) (dld) (did not) view the body after death. must 23B, DATE SIGNED 23A, SIGNATURE Attending Phys. Med. Director Stoff approval Phys. 23D. ADDRESS PHYSICIAN'S NAME (Type Edward S. Hoffman M.D. M.D. South Baltimore General Hospital 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) written Salisbury, Md. Burial 4 29 Parsons 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Mc Cully Pat. Ave. & 3rd VS 150-REV. 1/1/65

Margher Ballemary " 2722 43 of Pernington Aze 10-14-1886 80 Married Maryland None doshaw Husier Ruchel Rupp BROWER PARCHOPER PALLETTER TOE T D. HY DRWITE 45000

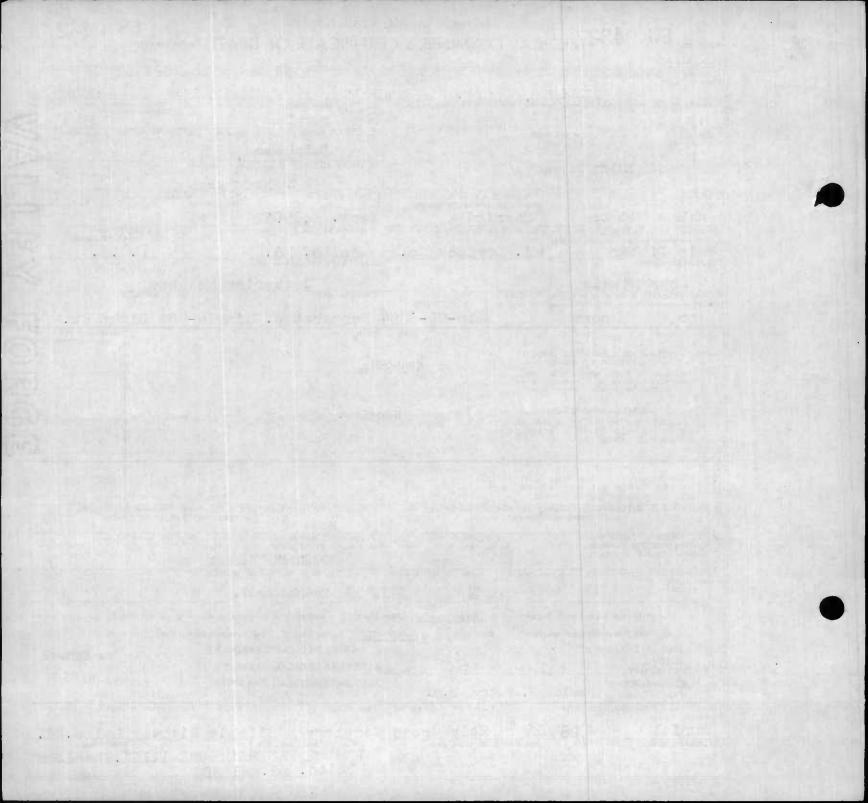
FUNERAL DIRECTOR: IMPORTANT

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			BALTIA	MORE CITY	HEALTH DEPARTMENT		00 04000
BIRTH NO.	66 04	1326	CER	TIFICA	TE OF DEATH	Registered No	66 04326
1, NAME OF	DECEASED	K Lo	n C		2. DATE A	ND HOUR OF DEATH	Η / Δ4 Μ
3. PLACE O	F DEATH IN BALT	MORE MARYLAND	7		4. USUAL RESIDENCE (Wh A. STATE B. COU	ere deceosed lived. If	institution: residence before odmission)
FULL NA HOSPITAL	OR oddres	in hospitol or institut is or locotion)	ion, give street		marelen	utside city limits, write	19-03 RURAL ond give township)
10	ON				Baltomar	6	
310	Phan	in St		P #7	D. STREET ADDRESS (I	frural, give location)	1
5. SEX	6. RACE		RIED, NEVER MARK		B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
12mg	Je Whi	re u	I I O WE	d	4/3/77	lost birthday	
	OCCUPATION (Given on the control of working lite, ev	e kind of work 10B, KIN en if retired)	D OF BUSINESS OF	RINDUSTRY	11. BIRTHPLACE (Stote or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
Cha:	rwoma	n Pub	licocho	20/	11 a Y 11 a Y	<u>'</u>	4264.
C. 2	- C				il a (/ a a	7/10	
15. Was Dec	egsed Ever in U. S	m m ons	1 6. SOCIAL		17. INFORMANT	WYI	ADDRESS
Λ/	known) (If yes, give	wor or dotes of serv	SECURITY	NO.	KCC . 3	. 2105	1 - 5+
18. 44	00 11		240-24	CAUSE OF	DEATH DEATH	43120.1	INTERVAL BETWEEN
	ISEASE OR CON	DITION DIRECTLY		47		/	ONSET AND DEATH
(This d	LEADING T	O DEATH mode of dying,	(,	A) atri	terioselectre	Cardir-Vas	Dis Many yours
heart fa	ilure, asthenio, et	c. II meons the disc ich caused death.)		702 10			7/
l lillony o	ANTECEDEN		(1	B)	**************************************	v 0.00 = v = 0.00 0.00 0.00 0.00 0.00 0.	
DISEAS	ES OR CONDIT	IONS, if any, gi		OUE TO			
	the above of	cause (A) stating	the (C)	00000 07 Y 000 00 0 00 0000 0 Y 0 Y 00 0 00 0 0 Y 0 00 0		
	II						
O THER	SIGNIFICANT CON	NOT RELATED TO	JTING THE				
DISEAS	E OR CONDITION		OR WHICH OPERA	ATION	20 A. AUTOPSY? (Yes or N	lo) 20B. IF YES. WER	E FINDINGS CONSIDERED
OTHER TO THE DISEAS OF THE DISEAS OF TO THE DISEAS OF TO THE DISEAS OF TO THE DISEAS OF THE DISEAS OF TO THE DISEAS OF TO THE DISEAS OF THE		WAS PERFORMED				IN CERTIFYING C	AUSES OF DEATH?
_ OR CON	CIDENT WAS UNITRIBUTING CAN	USE OF	21B. PLACE OF IN home, form, foctor etc.)	JURY (e.g., in ry, street, off	or obout 21 C. WHERE DID ce bldg., INJURY OCCUR?	(II in Boltimo	ore City, give exact location)
☐ 21 D. TIN		Doy) (Year) (Hour)	21E INJURY OCC	URRED	21F. HOW DID IN	JURY OCCUR?	
(APPRO)			While At Work	Not While At Work			
22. I ce	ertify that (1) (th	ie hospital) ottend	ed the deceased	from	Jan.	1952 to	aps 25 1966.
that (1)	(we) lost sow th	ne deceased alive	on 4	************************************			plaion death accurred on the dote
ond has	ur and from the c	ouses stoted obov	e. (I) (We) (dId)	(did not) vi	ew the body ofter deoth	•	
23A. StG	NATURE	-	01	AA D AHO	nding Med.	Stoff	23 B. DATE SIGNED
226 2111	ara	~ >	Colavar	Phys	. Director	Phy s.	4. 26.66
	ME (Type)	-		/	3D. ADDRESS		
24A, BURIAL	CREMATION 124	B. DATE 124	C. NAME of CEME	M.D.	MATORY 124D	LOCATION	City, town, or county) (State)
REMO	CREMATION, 24	1/28/11	1 , 4	100		147	Ma De 1
25A. DATE	REC'D BY HEALTH	DEPT. 258. NA	ME OF REGISTRAN	111 10.	25C. FUNERAL DIRECTO	allemore	8/ Consider
	ADD 28	1966 17 0	ME OF REGISTRAN	Sep PLR	11/2/1/2 7	end Home	Partty Shill of
VS 150-REV.	1/1/65	INDA AIR	24		Waster 1 Am	CAL II U MAL	y reen tonnemen



BIRTH NO. 60	6 0432 MED	ICAL EX	KAMINER'S C	ERTIFICA	TE OF D	EATH Regist	00 04327 tered No
M.E. CASE NO.	•	****					
Type or Print)						HOUR PRONOUN	
3. PLACE IN BA	WILLIAN ALTIMORE, MARYLAND, W			A. STATE	DENCE (Where de		6 4:25 P stitution: residence before edmiss
FULL NAME OF	F (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION)	JTION, GIVE STREET	C. CITY OR TO		cerporete limits, wr	ite RURAL end give township)
9	02 Light Stree	t		D. STREET ADI	altimore DRESS (If round, g		
		1=			02 Light		
5. SEX Male	6. RACE White		NEVER MARRIED DIVORCED (specify)	Sept. 2		9. AGE (In yeers lost birthday)	Menths Doys Heurs Mi
done during mest e	CUPATION (Give kind of worled working life, even if retired)			11. BIRTHPLACE	(State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Ship I		Md. Dr	ydock Co.	Balto 14. MOTHER'S A	Md.		U.S.A.
	G01 1 2 7 1 7 7			14. MOTHER'S			
	n Hinkle SED EVER IN U.S. ARMED	FORCES?	116. SO CIAL	17. INFORMANT	Catheri	ne McNar	ADDRESS
Yes, ne er unknev	wn) (If yes, give wor er dete	s of service)	SECURITY NO.				
no	none		216-09-6294	Margar	ret J. H	linkle-90	02 Light St.
18.	974 X		CAUSE	OF DEATH			INTERVAL BETWEE
DISE	ASE OR CONDITION DI						
(This does	s not meen the mede of	dvina e.a.	(A) Asphy	xia			
heert feilu	ore, osthenio, etc. It meons complication which caused	the diseose,	DOE 10				
	ANTECENIDENT CAUCE						
DISEASE	S OR CONDITIONS, IF A		(B) Ha	nging.		*****	
RISE TO 1	THE ABOVE CAUSE (A) ST	TATING THE	DOE 10				
	THE CONDITION LAST.		(C)				***************************************
2	II						
P TO THE	GNIFICANT CONDITIONS DEATH BUT NOT REI OR CONDITION CAUSING	LATED TO T	NG HE				
19A. DATE O	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPS		B. IF YES, WERE F	FINDINGS CONSIDERED USES OF DEATH?
21 A. EXTERN	AL CAUSE WAS	21 B.	PLACE OF INJURY (e.g., ferm, fectory, street, e	in er ebout 21C.	WHERE DID (IF	in Boltimere City,	give exect lecotion)
UTING CA	AUSE OF DEATH.	etc.)	Home		Light S	treet	
21D TIME	(Menth) (Dey) (Yeer) (Houi) 2	1E. INJURY OCCURRED		IOM DID INJUR		
OF INJURY (APPROX.)	4 25 '66	m. V	VHILE AT NOT YORK	WHILE HA	anged sel	f.	
22.	ertify that I held on I	nquiry 🗌	Inspection X Aut	opsy Or	nd that on this	bosis, deoth in	my opinion
res	ulted from: Notural car	uses A	celdent Suicide	Homic	ide Un	determined mon	ner 🗌
	0/			CHIEF	AEDICAL EXA	MINER _	DATE CICNED
SIGNA		sile 1	Celly M.D.	ASSISTANT M	MEDICAL EXA	MINER 🗵	DATE SIGNED
EXAM	INED'S	S. Pet	ty, M.D.		MEDICAL EXA		4/26/66
23A, BURIAL CI		23	C. NAME of CEMETERY o	CREMATORY	23D. LO	CATION (Cit	y, tewn, er county) (Stete)
Burial	1. 600	66	Holy Cross	demotor	Tr D44	abia Hit-	huner Della 303
	D BY HEALTH DEPT.		OF REGISTRAR		RAL DIRECTOR	care Hig	hway Balto.Md
	APR 28 1966	Robert	E. Farkey MA	KRAUS		AL HOME	1216S.Charles
VS 151-REV. 1/	1/65	-			*****		



Such

1. (T

a hospital and

	BALTIMORE CITY	HEALTH DEPARTMENT		00 400
BIRTH NO. 66 ()4328	CERTIFICA	TE OF DEATH	Registered No.	66 04328
M.E. CASE NO. 1. NAME OF DECEASED			ID HOUR OF DEATH	4
(Type or Print) SHER MALA! DUGEN	t	4801	1 2/ 19/	1130A
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Whe	re deceased lived. II	institution: residence before admission)
		A. STATE B. COUN		25-14
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR address or location)	e street	MARYLAN C. CITY OR TOWN (If our		27-01
INSTITUTION		C. CITY OR TOWN (If ou	tside city limits, write	RURAL and give township)
CAUR CA HOME AND HOSP	1TAL	D. STREET ADDRESS (If	rural, give location)	
Chock on 11 100 His wife		1-211 OL		AVENUE
5. SEX 6. RACE 7. MARRIED, N	EVED AAADDIED	8. DATE OF BIRTH	9. AGE (In years	
	DIVORCED (specily)		lost birthday)	Manths Doys Hours Min.
Male while wind	west on INCHETE	8-25 -01	56	12. CITIZEN OF
done during most of working life, even if refired)		11. BIRTHPLACE (State or fore	ign country/	WHAT COUNTRY?
1115TODIAN Wostern	Elec Co.	NORTH WAR	OLINA	16.3.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
MILLIAM SHED MAN		FRANCES 1	VANCE	
15. Was Deceased Ever in U. S. Armed Forces?	6. SOCIAL	17. INFORMANT	DANCE	ADDRESS
(Yes, na ar unknown) (II yes, give war ar dates al service)	SECURITY NO.	- Lu 0	120 Cent	2d Shan Bung
Ta	138-05-140/	Tamily	7	INTERVAL BETWEEN
8/1/	CAUSE O	DEATH V		ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	1	Portale Marine	MAIA	
(This does not mean the mode of dying, e.g.,	DUE TO) 00000		
heart loilure, asthenio, etc. It means the disease, injury or camplication which caused death.)	1	· all A	+	
ANTECEDENT CAUSES	(B)	noine malpul	whole t	
	DUE TO	61	. 1 1	
DISEASES OR CONDITIONS, if any, giving rise to the above couse (A) stoting the	(C)	W	celebration	
UNDERLYING CONDITION Iasi.	www.icra mmm m w w 0 0 dishirwik	1		
11		1		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		It lin All A		
DISEASE OR CONDITION CAUSING IT.	Ū	1224	V 208 15 15	
H-20 -6 6 198. CONDITION FOR WAS PERFORMED VON	TEM OPERATION	20A. AUTOPSY? (Yes or No		FINDINGS CONSIDERED AUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING (21B. PI	ACE OF INITIBY (a.g. in	ar about 21C. WHERE DID	(II in Reltime	ore City, give exact location)
OR CONTRIBUTING CAUSE OF home,	lorm, lactory, street, al	fice bldg., INJURY OCCUR?		ony, give exact location
O V				
OF INJURY	NJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
(APPROX.) While Work	At Work	•	,	
22. I certify that (I) (this hospital) attended the	deceosed from	4-20	19 66 10 6	1-2-6 19 66
that (I) (we) lost sow the deceased alive on	4-26			pinion death occurred on the dot
and hour and from the couses stated above. (1)	(We) (did) (did not) w			
23A. SIGNATURE	, (0.0) (0.0 1.0), (TOW THE BODY OTHER DECIME		23 B. DATE SIGNED
Aldunia	M.D. Atte	ending Med.	Stoff	
23C. PHYSICIAN'S A	Phy:	S. Director	Phys.	
NAME (Type)		C. ADDRESS	1/	11.1.1.1
DR. MYMONA AIRIN	M.D.	LAURCH	HOME 9	102/1/4/
24A. BURIAL CREMATIONN 24B. DATE 24C. NAN	AE of CEMETERY OF CRE	MATORY 24D. L	OCATION 10	City, town, as county) (State)
Bural 4-29-66 64	en Ataren	Com 2	lon Burn	ie side
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF	REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS

258. NAME OF REGISTRAR

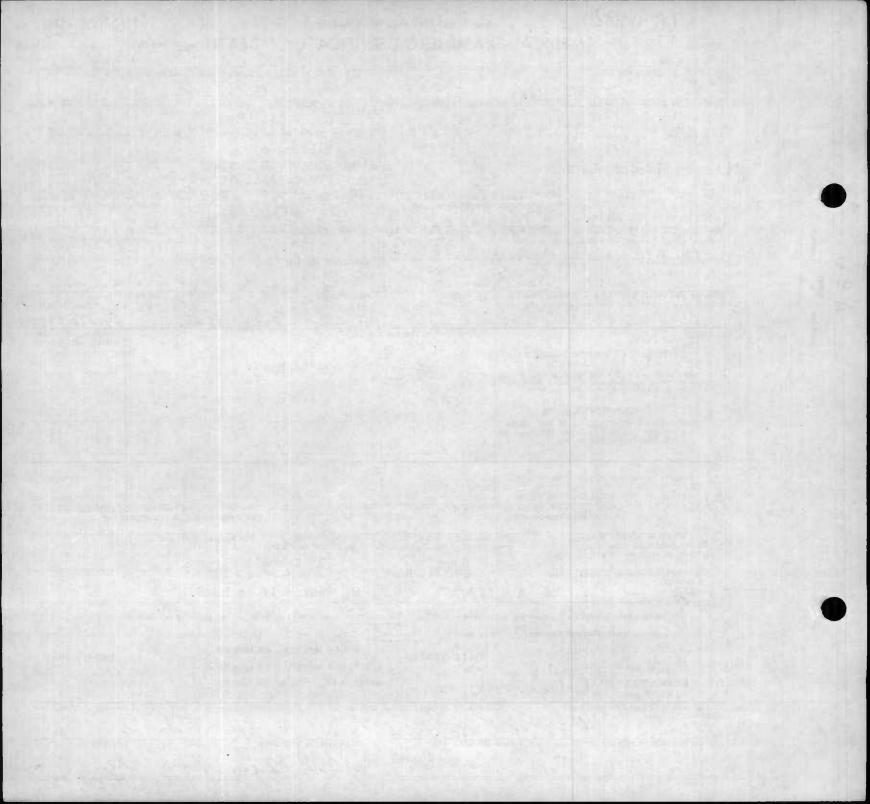
25C. FUNERAL DIRECTOR

ADDRESS

VS 150-REV. 1/1/65

interior years mainthear i Vermenie Middle Value e/Junillet/ Chind House a Horas On FARMENT THEES

1	66 ()4329 BALTIMORE CITY HEALTH DEPARTMENT 66 ()4329
B.210	BIRTH NO. MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.
	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD
	ROBERT BISHOP April 26, 1966 9:20 A M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
	A. STATE B. COUNTY
	FULL NAME OF HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) INSTITUTION Baltimore (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) Baltimore
0	779 Carroll Street D. STREET ADDRESS (If round, give locotion) 779 Carroll Street
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify) Male White 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeors lost birthday) Months, Days, Hours, Min. 11-17-13 52
	10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? WHAT COUNTRY?
	13. FATHER'S NAME
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT ADDRESS 15. SECURITY NO.
	(Yes, no orunknown) (If yes, give wor or dotes of service) SECURITY NO. Ouselland Pusinsky Batto Ind
	18 976 X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO
	heart failure, asthenia, etc. tt means the disease, injury or complication which caused death.)
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO
	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
	O OTHER SIGNIFICANT CONDITIONS CONTRIBUTING OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED YES YES
	✓ 21A. EXTERNAL CAUSE WAS
	UTING CAUSE OF DEATH. Home 779 Carroll Street Home True T
	OF INJURY (APPROX.) 4 26 66 A WHILE AT NOT WHILE AT AT WORK Shot self in head.
	22. I certify that I held on Inquiry Inspection Autopsyx and that on this basis, death in my opinion
	resulted from: Natural causes Accident Suicide Homlcide Undetermined monner
	ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER
	EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOCIATE MEDICAL EXAMINER 4/26/66
	23A. BURILAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
	24. DATE REC'D BY HEALTH DEPT. 248, NAME OF REGISTRAR 24C, FUNERAL DIRECTOR ADDRESS
	APR 28 1966 Real E. Farley M.A. Gilm J. Cauren & Sur Ducy
	VS 151-REV. 1/1/65 N 8 5 4 4 Bailty, 30 hd



1/001	BALTIMORE CITY HEALTH DEPARTMENT 66 04330
. 400 BIRTH NO. 66 ()4330	CERTIFICATE OF DEATH Registered Na. 00 (1900)
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	2. DATE AND HOUR OF DEATH
Type or Print) Elizabeth	1 ME 14 4-26-66 12:50 P.M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND TO STATE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give oddress or locotion)	A. STATE B. COUNTY B. COUNTY
FULL NAME OF (If not in hospital or institution, give the properties of location)	
	C. CITY OR TOWN (Mouliside city limits, write RURAL and give township)
	D. STREET ADDRESS (If rural, give Jacatian)
	renal Hosp 720 N Harrand St.
D S SEV 14 BACE 17 MADRIED N	NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
WIDOWED.	DIVORCED (specify) 12-23-83 lost birthday) Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 108, KIND OF 8	
Housewife //a/	ne. Balton Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
13. FATHER'S NAME P. Inia K Manya	new Cathenine Brunch
T - 19	16. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
NOE NO	Mr. Harry Kelly 300 E. Maple Rd.
18. //	CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	(A) ASCVD
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar complication which coused death.) ANTECEDENT CAUSES	(B)
3 0 0	DUE TO
rise to the above cause (A) stating the	
UNDERLYING CONDITION last, II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	6
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	IE .
19A. DATE OF OPERATION 198. CONDITION FOR WI	WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	FES.
OR CONTRIBUTING CAUSE OF	PLACE OF INJURY (e.g., in or about PIC. WHERE DID ne, larm, factory, street, office bldg., INJURY OCCUR?
21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	
OF INJURY	. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
(APPROX.) Work	ırk
22. I certify that (this hospital) attended the	
	4-26 19 6 and that in (aur) apinlan death accurred an the date
and haur and fram the causes stated above. (1)	1) (We) (did) (did nat) view the bady after death.
and hour and from the causes stated above. (1)	23 & DATE SIGNED
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
23C.PHYSICIAM'S NAME (Type) Dr. V. Albertson 24A. BURIAL CREMATION, 24B. DATE 24C.NAM	SOUTH BALTIMORE GENERAL HOSPITAL
23C.PHYSICIAN'S NAME (Type) Dr. V. Albertson	M.D. 1213 Light Street, Balto. Md. 21230
	AME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
Burial 4 29 66 No. 258, NAME OF APR 28 1966 P. J. 6	New Cathedral Balto. Md.
25A, DATE REC'D BY HEALTH DEPT. 25B, NAME OF	OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
APR 28 1966 (Least)	E tarkey MA 130 E. Fort Ave
VS 150-REV. 1/1/65	

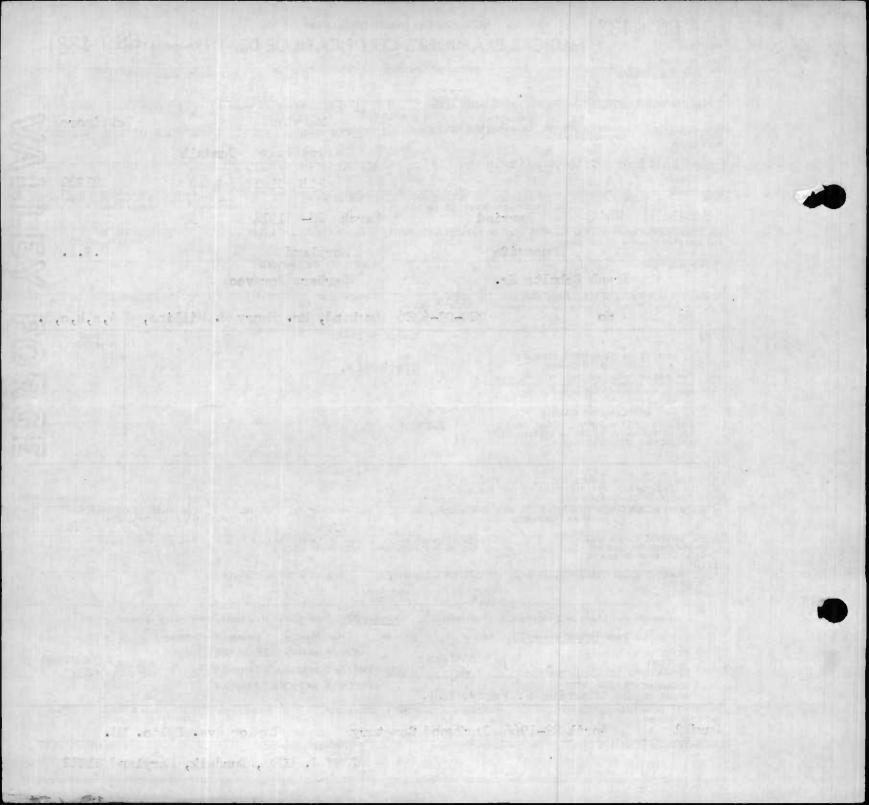
Eligipa T. Kelly 27-91-56 Baltimore Elion 730 N. Howard St South Baltimore General Hosp F White widow 12-23-62 Balto, Md. None Cotherine Branch Patrick McNaney Kes

V 4-266

11 200

BALTIMORE	CITY	HEALTH	DEPART	MENT

66	04331		BALTIMORE CITY HEA					0		
BIRTH NO.	MED	ICAL EX	XAMINER'S C	ERTIFIC	CATE	OF D	EATH Register	red No.1	5 0433	1
M.E. CASE NO.									•	
1. NAME OF DE							HOUR PRONOUNCE	D DEAD	0 / 5 .	
3. PLACE IN BAL	ANNA TIMORE, MARYLAND, W	THERE PRONO	WILLINE	4. USUAL			26, 1966	tution: reci	3:45 A	N
o. ILAGE III DAG	THIN OR A THICKNEY TO	THERE ! RONG	ONCED DEAD	A. STATE	Mary 1		B. COU	NTY _	altimore	1 2 210
FULL NAME OF HOSPITAL OR	(IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET	C. CITY O			corparote limits, write			-
NOITUTITZNI					Baktio	none	Dundalk		22-01	
Balı	timore City H	ospital	S	D. STREET	ADDRESS (00.00	
					8110	Bletz	er Road		21222	
5. SEX	6. RACE		NEVER MARRIED	8. DATE OF	BIRTH		9. AGE (In years lost birthday)	If Under	1 Yr. If Under 2	4 Hr
Female	White	Marri	DIVORCED (specify)	March	28_ :	1914	52	Monms	Days Hours	Min.
IOA. USUAL OCC	UPATION (Give kind of wor	k TOB. KIND O	F BUSINESS OR INDUSTR					12. CITIZ		
done during most of	working life, even if retired)	usewife		Ma	ryland			WHA	U.S.A.	
13. FATHER'S NA					R'S MAIDEN					
	Frank Schu	ltz Sr.		Ba	rbara !	Morav	ec			
	ED EVER IN U.S. ARMEI		16. SO CIAL	17. INFORM	ANT			ADDRES	S	
No.	No No	es of service	security No. 220-03-6226	Husban	d, Mr.	Henr	y W. Willin	ne, #	4,a,b,c,	d.
18. 3	1.01		CAUS	E OF DEATH	1				INTERVAL BETY	
DISEASES RISE TO THUNDERLYI	ANTECENDENT CAUS OR CONDITIONS, IF A HE ABOVE CAUSE (A) S NG CONDITION LAST. III SNIFICANT CONDITIONS DEATH BUT NOT RE	ANY, GIVING THE	(B)							
DISEASE C	OR CONDITION CAUSING	G IT.					***************************************			
0 2		NDITION FOR REFORMED	WHICH OPERATION		ropsy? (Yes		B. IF YES, WERE FIN			
O UNDERLYING	CAUSE WAS OR CONTRIB-	21 B. hame etc.)	PLACE OF INJURY (e.g., e, form, factory, street,	in ar about 2 office bldg., It	1C. WHERE	DID (If UR?	in Boltimare City, giv	re exoct le	acation)	
Z 21 D TIME	(Month) (Day) (Yea	or) (Hour)	21 E. INJURY OCCURRED	2	IF. HOW DI	DINJUR	OCCUR?			
OF INJURY				WHILE						
22.			0 0	VORK L						
I cei	rtlfy that I held an	Inquiry L	Inspection Au	topsy X	ond that	on this	bosis, death in m	y opinio	n	
resu	Ited from: Notural co	ouses X	Accident Suicle	de Ho	omicide	Un	determined monne	e		
ACTUA	0/	. 1	//-		EF MEDICA				DATE SIGN	ED
SIGNAT		aule)	lay M.D	ASSISTAN	T MEDICA	AL EXA	MINER X		4/26/66	
EXAMI		C Do	++vv M D	ASSOCIA	TE MEDIC	AL EXA	MINER		.,	
NAME (tty, M.D.	OL CREAMATO	DV	23D. LO	CATION (City	town, or	county) ISta	40)
REMOVAL (Special Burial			Parkwood Cem		K1		or Ave. Bal			101
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. F	UNERAL DIR				ADDRESS	
	APR 28 1966	0.0.5	E. Falloma	JOH	N J. DI	JDA,	Dundalk, Ma	aryla	nd 21222	
VS 151-REV. 1/1.	/65									



death assistant if IMPORTANT chief medical examiner DIRECTOR: FUNERAL the by

use of death (5) Deceased

cduse

contributing

occurred

the

LO

ance

attend 10

regular

Was

death uo

pronounced

who

physician

the 0

where

(except

fracture of

4

(2) Body burns;

examiner.

dical

to the hospital

the body was released

certificate must

approved

any nature;

of

accident

(4) Undetermined cause;

death.

prior

deceased

the

attendance any

in regular

Was

No physician

9

and

death) hospital

10

eceased prior

0

at (1) An

was D.O.A.

shows:

obtained

eq

must

approval

written

or final

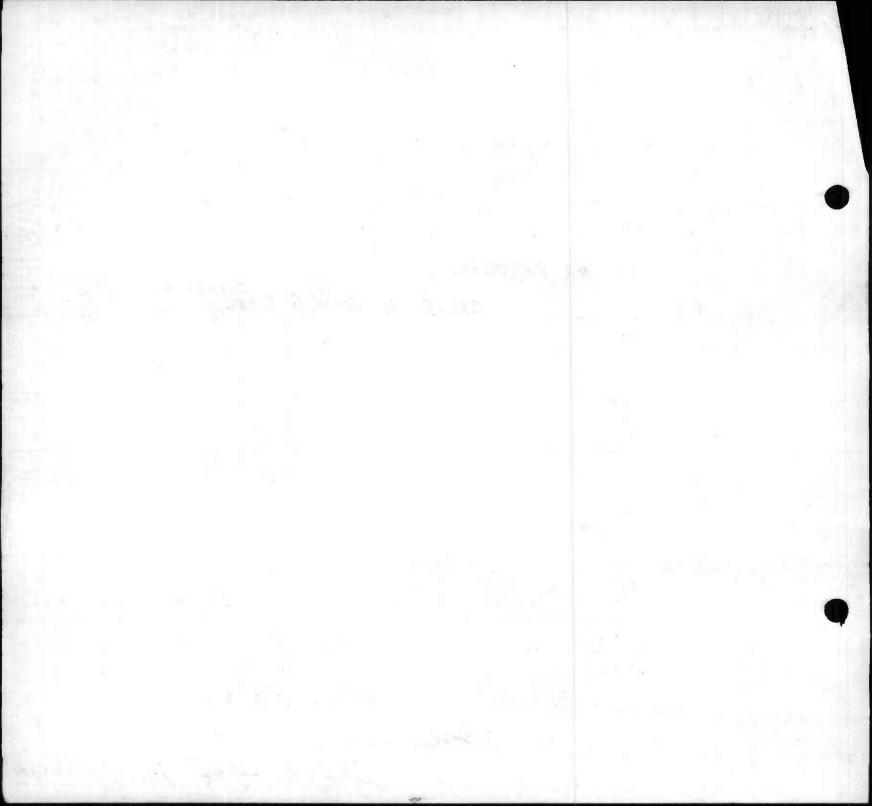
embalmed

are

pup

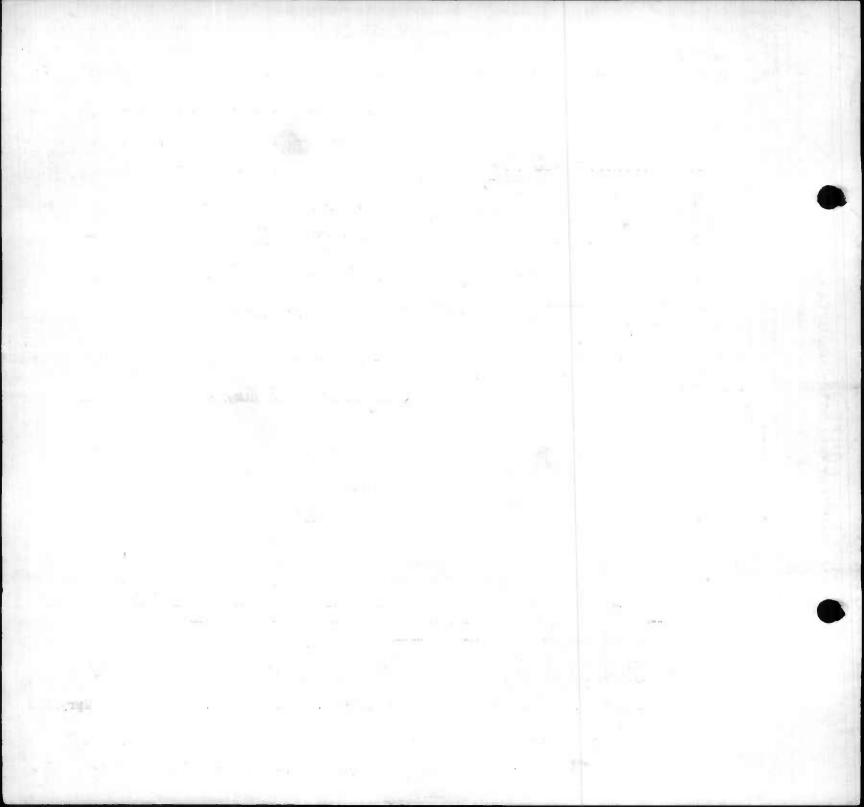
hospital

BALTIMORE CITY HEALTH DEPARTMENT Registered No. RTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) ARMACOST DEATH IN BANTIMONE, MARYLAND M. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A, STATE
B, COUNTY Maryland (Il not in hospital or institution, give street Carrol FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION University Hospital (If rural, give location) D. STREET ADDRESS CUCKSUI disposition is made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 24 Hrs. 8, DATE OF BIRTH If Under 1 Yr. Months Doys Haurs WIDOWED, DIVORCED (specify) 1161118 d 12 6 IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) LISA Beltoner Co Bd of Edu 13. FATHER'S NAME MechaoR. 15. Was Deceased Ever in U. S. Armed Forces?
(Yes, no or unknown)(If yes, give wor or dotes of service) 6, SOCIAL SECURITY NO. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (B) Lymphoma sugreshed LEADING TO DEATH (This does not mean the made at dying, e.g., hearl failure, asthenia, etc. Il means the diseose, injury ar camplication which coused dooth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the above cause (A) sloting the before the remains UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No.) 20 B. IF YES WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 218 PLACE OF INJURY (e.g., in or obout 2 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While ((APPROX) Work At Work 22. I certify that (I) (this hospital) attended the deceased from April that (I) (we) lost sow the deceased alive on... ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. Phys. Med. Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS niversi HAROLD 24A. BURIAL CREMATION, 24B. DATE 25A, DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CIT	Y HEALTH DEPARTMENT		
BIRTH NO. 66 (1433)	CERTIFICA	ATE OF DEATH	Registered No.	-68 n4332 -
M.E. CASE NO. 1, NAME OF DECEASED (Type of Pint) 3. PLACE OF DEATH IN BALTIMORE, MARYLAN	asburgar	apri	7 11100	stitution; residence before odmission)
S. TEACE OF BEATH IN BALLIMORE MARIENT		A. STATE B. COUN	TY	siliulion; residence before damassion;
FULL NAME OF (If not in haspitol or insti HOSPITAL OR address or locotion) INSTITUTION		C. CITY OF TOWN (If out	side city lights, write F	RURAL ond give tawnship)
Bolton Hill Nars	my day		rural, give lacation)	78-91
5. SEX 6. RACE 7. MA	RRIED NEVER MARRIED		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs Manths: Doys Haurs Min.
M W	DOWED, DIVORCED (specify)	5-/10/1875	last birthday)	Manths Doys Haurs Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI done during most of working life, even if retired)	ND OF BUSINESS OR INDUSTR	BALTO. M	gn country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	M.F.	054
Victor C. Stra	Lunger)	Sallin A	Et	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na or unknown) (If yes, give wor or dates of se	16,80CIAL SECURITY NO. 216-09-3701	17. INFORMANT	et KN	ADDRESS
18.		OF DEATH		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH
LEADING TO DEATH (This does not mean the mode of dying,	e.q., DUE TO	Grandy Thumbais	***************************************	2 days
heat failure, asthenia, etc. It means the di injury at camplication which coused death,				,O
ANTECEDENT CAUSES	(B) GV	leinschent Akar 1	Disease)	204200
DISEASES OR CONDITIONS, if any,	DUE TO			0
rise to the above cause (A) station UNDERLYING CONDITION last.			******************************	
				The state of the s
OTHER SIGNIFICANT CONDITIONS CONTRI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	BUTING TO THE	none		
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., hame, form, factory, street, etc.)	in or obout 21C. WHERE DID affice bldg., INJURY OCCUR?	(If in Boltimare	City, give exact location)
O 21D. TIME (Manth) (Doy) (Year) (Hou	21E. INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
OF INJURY (APPROX.)	While At Nat Wh			/
22. I certify that (4) (this hospital) atte			19 H 10 gg	12 25 1966
that (1) (e on april 3/	and the	at in (my) (aux) api	nian death accurred on the dat
and hour and from the causes stated ab	ove. (I) (16) (did) (did-not)	view the bady after death.		23B. DATE SIGNED
241 (1)	M.D. At	tending Med.	Stoff	4/2011
Flanday 3 telanol	Ph	ys. Director 23D. ADDRESS	Phy s.	1/10/18
Stanley Z. Felsen	berg M.D.		ore St. Balt	imore 2, Maryland
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CI			ty, lown, or caunty) (Stote)
REMOVAL (Specify) 4/27/1966	GREENMOUNT	- Colombia	2478	10
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. FUNERAL DIRECTOR SYLVAN S LEWI	s +SON -3.	319 Olympia AUE
VS 150-REV. 1/1/65	C, 10000,			



25A. DATE REC'D BY

VS 150-REV. 1/1/65

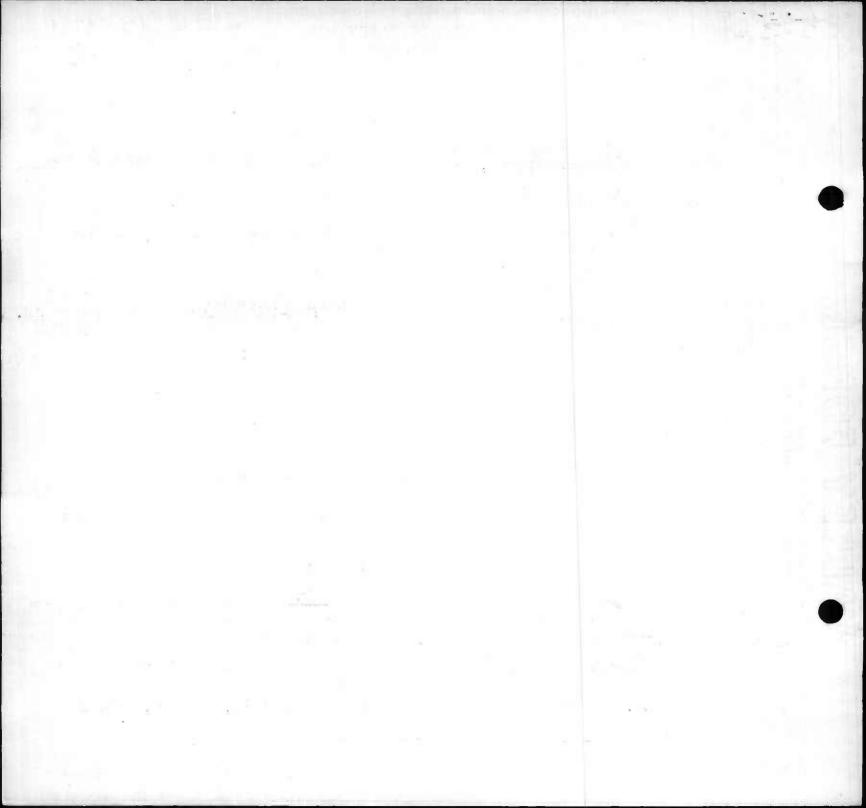
		BALTIMORE CITY	HEALTH DEPARTMENT	
		H NO. 66 04334 CERTIFICA	TE OF DEATH Registered No.	66 04334
	1. N	AME OF DECEASED OF Print! NICOLA PASTORE	2. DATE AND HOUR OF DEATH	145
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived.)f inst	titution: residence before admission)
7	H	FULL NAME OF (If not in hospital or institution, give street address or lacation)	C. CITY OR TOWN (If outside city limits, write RL	JRAL and give township)
	49	40 Eastern Avenue, Baltimore, Maryland	D. STREET ADDRESS (If Turol, give locotion)	LIHEM AUE 2122
	5. \$	And the hite 7. MARRIED, NEVER MARRIED (specify)	B. DATE OF BIRTH 6-76-87 St. birthdox 3	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY adviring most of working life, even if refired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	13. 1	FATHERS NAME	14. MOTHER'S MAIDEN NAME	(L)M
		Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
	(Yes	security No.	Records: BCH-4940 Eastern Av	21224 enue Baltimore Md.
		18. CAUSE OF CONDITION DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
		(This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)		
		ANTECEDENT CAUSES (B)		
		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the (C)UNDERLYING CONDITION lost,		
	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	ABLE PAFLIMONIA	
	ERTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	Yes or No. 208. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
	U	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., ir home, form, foctory, street, of etc.)	n or about 21 C. WHERE DID (If in Baltimore	City, give exact location)
	0	21D. TIME (Month) (Doy) (Yeor) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Not While At Work At Work		
	1 1	22. I certify that (M (this hospital) attended the deceased fram	3 - 30 1966 to 4-	on death accurred on the date
,	1	and haur and fram the causes stated above. (L) (We) (did) (did not) v		
		Character Phys	ending Med. Staff	4-76-66
		J.E. Randall M.D.	23D. ADDRESS 4940 Eastern Avenue, Baltimor	e, in Frand
	24A	Burial CREMATION, 248. DATE 24C. NAME of CEMETERY of CRE REMOVAL (Specify) 4-29-66 St Stanislaus Co	,	(Stote)

25C. FUNERAL DIRECTOR

Walter Dabrowski I005 Dundalk Avenue

ADDRESS

258, NAME OF REGISTRAL



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

	66-08973	BALTIMORE CITY	HEALTH DEPARTMENT		DV 18005
	H NO. 66 114335	CERTIFICA	TE OF DEATH	Registered No	66 (14335
1, N	CASE NO. AME OF DECEASED OF Print! OLPHIN, airl-A	\	111-	HOUR OF DEATH	140 A
3. PI	TOHWS HOPKING HARVLAND ULL NAME OF (III not in hospital or institution, give		4. USUAL RESIDENCE (Where A. STATE B. COUNT) MARYLAND	deceorad lived. If inst	itution: residence belore odmissi
	IOSPITAL OR oddress or location) NSTITUTION		BALTIMORE		JRAL ond givo township)
5				rol, give location) Y STREET	
	EMALE NEGVO WIDOWED,	DIVORCED (specify)	14/25/66	·	Month's Days Hours Min.
done	Nil	USINESS OR INDUSTRY	Baltimore	MD.	12. CITIZEN OF WHAT COUNTRY?
13. F	LOUIS GOLPHIN		EDITH CHEEK		
1S. V (Yes,		6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	DISEASE OR CONDITION DIRECTLY	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH (This does not mean the mode of dying, e.g.,	(A) DUE TO	veryaturi	ty	16 hour
	heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES	W H	us live me	mbrane	14 hour
	DISEASES OR CONDITIONS, it any, giving rise to the above cause (A) stating the UNDERLYING CONDITION tast.	DUE TO	Discos	heupen	lage 7 Zho
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(pros	0.612)	
RTIFIC/	19A. DATE OF OPERATION 19B. CONDITION FOR WIN	HICH OPERATION	20A. AUTOPSY? (Yes at Na) YES	20B. IF YES, WERE FILL IN CERTIFYING CAUS	NDINGS CONSIDERED SES OF DEATH?
	21A, ACCIDENT WAS UNDERLYING 218. P OR CONTRIBUTING CAUSE OF DEATH (naily modical examines) 218. P	LACE OF INJURY (e.g., i form, factory, streat, a	n or about 21 C. WHERE DID INJURY OCCUR?	(If in Baltimore	City, give exact location)
N N	21D. TIME (Manth) (Day) (Year) (Hour) 21E, I While Wark	NJURY OCCURRED Not Whit At Work	21F. HOW DID INJU	RY OCCUR?	
	22. I certify that (I) this haspitally attended the that (I) (we) last sow the deceased alive on		4 25 19 19 66 ond the	t in(my) (our) opini	4 26 19 66
1 1	ond hour and from the causes stated above. (N 23A, SIGNATURE				23B. DATE SIGNED
	Roberts, lenny 23C. Physician's NAME (Type)	Phy	23D. ADDRESS	hys.	4/26/66
24A	ROBERT S. THOMPSON	M.D. AE of CEMETERY or CR	609 Nov (Lavol	, lown, or county) (State
	REMOVAL (Specily)		ins Hospital I		
	. DATE REC'D BY HEALTH DEPT. 258. NAME OF	REGISTRAR CONTRACTOR	25C. FUNERAL DIRECTOR		ADDRESS
/5 1	150-REV. 1/1/65				

a hospital and

	R 160		BALTIMORE CITY	HEALTH DEPARTMENT		66 04336
	TH NO. 66	04336	CERTIFICA	TE OF DEATH	Registered No.	00
1, P	E. CASE NO. NAME OF DECEASED pe or Print) PLACE OF DEATH IN 8.	rtiz, J	osé R. (Also known)	m as)	AND HOUR OF DEATH	6 15 A M.
	FULL NAME OF (IF	not in hospital or inst dress or location)		C. CITY OR TOWN (IF	Solto outside city limits, write RUR.	15-12
a				11	pringhill Are	#15
	, , ,	U W	ARRIED, NEVER MARRIED IDOWED, DIVORCED (specify) UIDOWED MARRIED IND OF BUSINESS OR INDUSTRY	8. DATE OF BIRTH 3 /8/88	78	Under 1 Yr. If Under 24 Hrs. onths Doys Hours Min.
do	anitor FATHER'S NAME	e, even if retired)	Hotel	14. MOTHER'S MAIDEN N	Puerto Rico	2. CITIZEN OF WHAT COUNTRY? UNKNOWN
			sizro Rivera		Romard Ort	S. ex
	Was Deceased Ever in Us, no or unknown) (If yes,	J. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	nomard or c.	ADDRESS
(16	No No	jive wor or doles of s	ervice) SECURITY NO.		Hosp. Rec	
	18. 392X	1	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
			g, e.g., DUE TO	rouix Renal	disease	Many years
	injury or complication			Chronie of	structive	>304rs
	DISEASES OR CON rise la lhe above UNDERLYING COND	cause (A) statin	giving	diru	vay disease	<i>f f</i>
ATION	OTHER SIGNIFICANT (TO THE DEATH 8 DISEASE OR CONDITION	BUT NOT RELATED	IBUTING TO THE ASCVD			Many years
ERTIFIC	O none	ON 19B. CONDITION	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE FINE IN CERTIFYING CAUSE	
CAL CE	21 A. ACCIDENT WAS OR CONTRIBUTING DEATH (notily medical	CAUSE OF	218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or about 21C. WHERE DID INJURY OCCUR?	(If in Boltimore Ci	ty, give exect locetion)
MEDI	21 D. TIME (Month) OF INJURY (APPROX.)	(Doy) (Year) (Hou	while At Not While Work At Work		NJURY OCCUR?	
	22. I certify that (I) that (I) (we) lost say					26/66 19
			pove (1) (We) (did) (did not) v			r doom occurred on the date
!	23A. SIGNATURE	711 9/1	M.D. Atte	ending Med.	Stolf 23	H-26-66
	23C. PHYSICIANS NAME (Type)	ARRY M	WALEN M.D.	23D. ADDRESS SINAI	HOSP	1 -010 00
24/	A. BURIAL CREMATION, REMOVAL (Specify)	4/28/66	24C. NAME of CEMETERY of CRI	MATORY 24D.		own, or county) (State)

Burial 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR

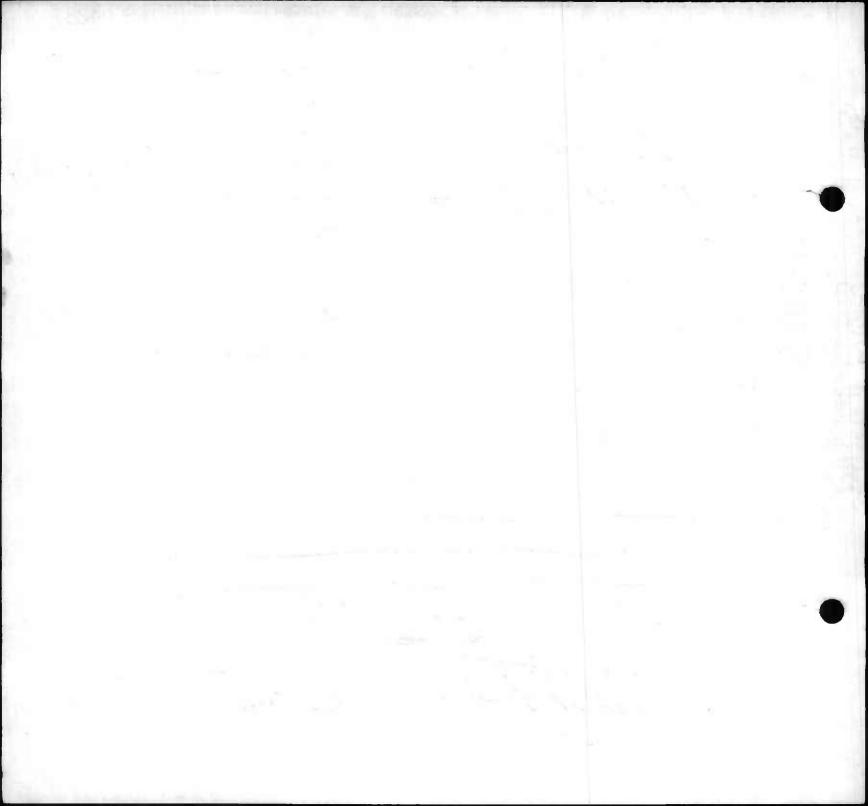
6. Vernon Lemmen

ADDRESS 4611 Park Heights Ave.

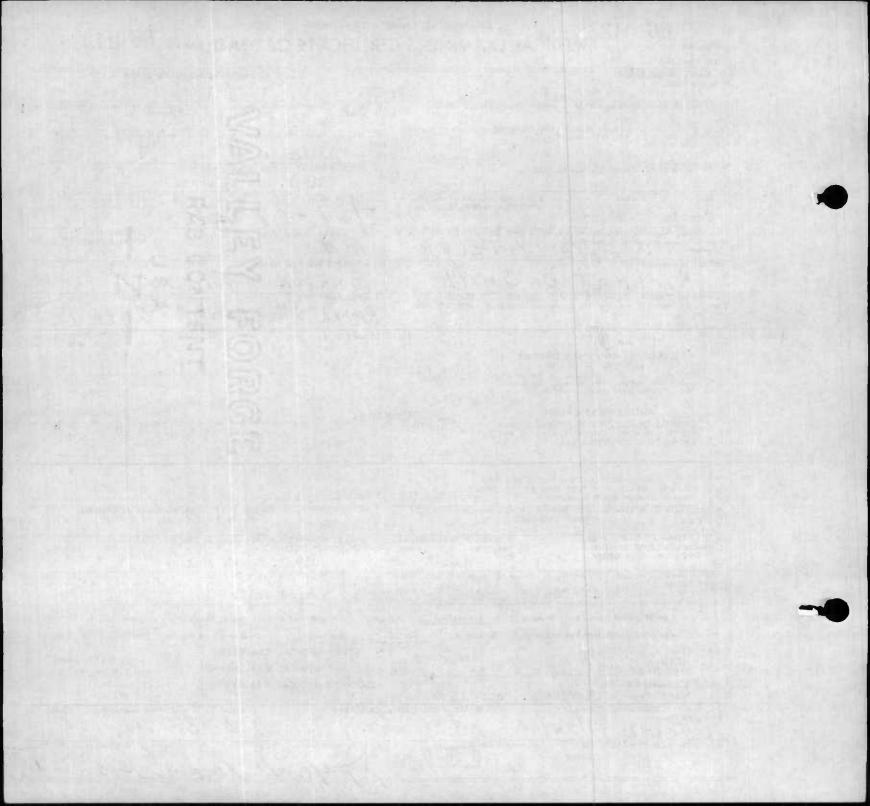
VS 150-REV, 1/1/65

Lica A SEC SEL SOUR AS TO

		66 04337	BALTIMORE CITY	HEALTH DEPARTMENT		66 04337		
		H NO. 355/01	CERTIFICA	TE OF DEATH	Registered No.	00 (1100)		
	1, N	AME OF DECEASED TE Abee,	axton	2. DATE AN	OF DEATH	1155 R		
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	1	A. STATE B. COUN	re deceased lived. If in	stitution: residence before admission)		
	H	ULL NAME OF (II not in hospital or institution, oddress or location)	give street	C. CITY OR TOWN (If ou	tside city limits, write	RURAL ond give township)		
4	()	C Mana		D. STREET ADDRESS (III	rutol, give location)			
		Strai Horg		4023	Bageman			
mad	5. S		O, NEVER MARRIED ED, DIVORCED (specify)	3-7-94	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
ion is		USUAL OCCUPATION (Give kind of work 108, KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?		
isposition	13. 1	FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME			
		unknows		unknow	n			
nald	15. V (Yes	Nes Decessed Ever in U. S. Armed Forces? ,no or unknown! (If yes, give wor or dotes of service)	16. SOCIAL SECURITY NO.	Sladys K	andell	2319 arunal		
or fi		18. 5 9 2 X I	CAUSE O		1 5	INTERVAL BETWEEN ONSET AND DEATH		
Pe		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ca	min Renal 11	were the	loo,		
alm		(This does not meon the mode at dying, e.g. heart failure, asthenia, etc. It means the disease						
d E		injury or complication which caused death.) ANTECEDENT CAUSES						
are e		DISEASES OR CONDITIONS, if ony, giving						
		rise Ia the above couse (A) stoting the UNDERLYING CONDITION lost.	e (C)					
remains	TION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO THE DEATH BUT NOT RELATED TO T		anla				
the	TIFICA	DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	20 A. AUTOPSY? (Yes or No	208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?			
before	AL	21A. ACCIDENT WAS UNDERLYING 21 OR CONTRIBUTING CAUSE OF ho DEATH (notify medical examine)	B. PLACE OF INJURY(e.g., in me, form, factory, street, of	or about 21 C. WHERE DID fice bldg., INJURY OCCUR?	(If in Baltimore	e City, give exoct locotion)		
	1 100	OF INJURY	E. INJURY OCCURRED	21F. HOW DID IN	URY OCCUR?			
ained	2		ork Not While					
opt	II I	22. I certify that (\$\sigma(\text{this hospital}) attended	11 6-7		19 66 to 9			
t be	11 1	that (I) (a) lost sow the deceased alive an and haur and from the couses stated oboys.			not In(fig⊄ (our) opi	nian deoth occurred an the dot		
must		23A. SIGNATURE	A Control of Control o	Tew The body offer deom.		23 B. DATE SIGNED		
-		Leonard & Palle	Phy:		Stoff Phys.	4-57.66		
approv		23C. PHYSICIAN'S NAME (Type)	Aletzbrom.o.	23D. ADDRESS	up Es	18/12/		
	24A	BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	AME of CEMETERY of CRE	MATORY 24D. L	OCATION (C)	ity, town, or county) (Stote)		
written	254	Busial 4-28-66 UL. DATE REC'D BY HEALTH DEPT. 258. NAME	butus Mam	25C. FUNERAL DIRECTO	butus	ADDRESS ADDRESS		
×		APR 28 1966 (Lub	E. Farley HA	falliva Tu	nevel Home.	M. alinst are		
11	VS	150-REV. 1/1/65			- June	7		



66 043	228	BALTIMORE C	CITY HEALTH D	PEPARTMEN	T		
BIRTH NO.	MEDICA	L EXAMINE	R'S CERT	TIFICAT	E OF DEAT	H Registered N	6 04338
M.E. CASE NO.							
1. NAME OF DECEASED					2. DATE AND HOUR	PRONOUNCED DE	AD
,	CORETHA	M.	HAWKIN		April 25,		16:50 P M
3. PLACE IN BALTIMORE, N	ARYLAND, WHERE	RONOUNCED DEAD	4. L	STATE RESIDE	NCE (Where deceased	lived. If institution: B. COUNTY	residence before odmission)
FULL NAME OF (IF NO	OT IN HOSPITAL OR	INSTITUTION, GIVE ST		Mar	yland		
	ESS OR LOCATION	INSTITUTION, GIVE S	C.	CITY OR TOW	/N (If outside carparat	te limits, write RURA	ond give township)
A				Bal	timore		1-03
2019 E. Nor	th Avenue		D.		ESS (If rural, give loca		
				201	9 E. North	Avenue	
5. SEX 6. RACE		ARRIED, NEVER MARRI		ATE OF BIRTH		GE (In years If U birthday) Mon	Inder 1 Yr. If Under 24 Hrs. ths, Doys Hours Min.
Female Ne	gro		8	121	-0/	58	
IOA, USUAL OCCUPATION		IND OF BUSINESS OR	INDUSTRY 11.	BIRTHPLACE (State or foreign country		CITIZEN OF
done during most of working life,	I M / C/	TUTZLE	R	md	The State of	·	WHAT COUNTRY?
13. FATHER'S NAME	1	- +1	14. A	NOTHER'S MA	AIDEN NAME	_ /	
Kichei	Rd D.	2 m1/h		MARI	ION T	homit	75
15. WAS DECEASED EVER IN				FORMANT	11 1	ADD	
(Yes, no or unknown) (If yes, gi	ve war or dates of se	SECURITY (NO.	0126	Otto HA	WKIN3 à	2019 6 12 M
180			//	mil	- ,,,,,		
18. E 974	Xi		CAUSE OF	DEATH			ONSET AND DEATH
DISEASE OR CO	NOTION DIRECTL	Υ					
(This does not meon	the mode of dvina		Asphyxia				
heart failure, asthenia, injury or complication	etc. It means the di which coused death.)	sease,					
ANTECENI	DENT CALLEES						
DISEASES OR CONT	DENT CAUSES DITIONS, IF ANY, G	VING (8)	Hangin	g .	•		**************************
RISE TO THE ABOVE UNDERLYING CONT	CAUSE (A) STATING	THE	. 10				
	mon casi,	(C)	•••••			************************	*****
OTHER SIGNIFICANT	li						
OTHER SIGNIFICANT							
E DISTAGE OR CONDIT		10 Int	•••••••••••				
19A. DATE OF OPERATION	WAS PERFORME		TION 20	A. AUTOPSY?	(Yes or No) 208. IF	YES, WERE FINDING	
20				No			
¥ 21 A. EXTERNAL CAUSE UNDERLYING NOR CON	TRIB-	218. PLACE OF INJ	URY (e.g., in or	blda, INJURY	HERE DID (If in Bolti	imore City, give exo	ct location)
UTING CAUSE OF DE	ATH.	Home			19 E. North	Avenue	
21D TIME (Month)	(Doy) (Year) (He	OUT 21E INJURY OC	CCURRED	1	W DID INJURY OCC		
OF INJURY (APPROX.) 4	25 '66 P	WHILE AT	NOT WHILL	Ех На	nged self.		
22.					nged seri.		
I certify that I	held on Inquiry	Inspection	X Autopsy	and	that on this basis	, death in my api	nlan
resulted fram:	Natural causes	Accident .	Suicide X	Hamicia	le Undetern	mined manner	
	01	//-		CHIEF ME	DICAL EXAMINE	R 🗌	
ACTUAL SIGNATURE	106016	1 /celly	u n ASS	ISTANT ME	DICAL EXAMINE	R X	DATE SIGNED
EXAMINER'S	-				EDICAL EXAMINE		4/26/66
NAME (Type)	Charles S.	Petty, M.D					
23A. BURIAL CREMATION, REMOVAL, (Specify)	23B. DATE	23C. NAME of C	EMETERY or CRE	MATORY	23D. LOCATION	(City, towns	county) (State)
BIRIAI	4/29/60	5 mit.	(also	rry	10.4	· Coun	ly, me
24A. DATE REC'D BY HEALT	H DEPT. 248.	NAME OF REGISTRAR		230, FUNERA	L DIRECTOR	2 1	ADDRESS
ADD 1		D. 15 E. Fan			1 /	11	12 1 1 1 1
AFR	10 1000 (1)	ماران کا مرصر	1	Toug	h D. X	Ockery	130411 Cans
VS 151-REV. 1/1/65	1 12 12 1 1 1 1		1	1		11	



contributing occurred deoth Was direct <u>4</u> assistant if death kind; any pronounced Also, JO. fracture examiner examiner. who 4 3 physicion the chief medical medicol burns; Body the 0 by 3 where to the hospital by approved

released

the body was

8

must

certificate

and

hospitol

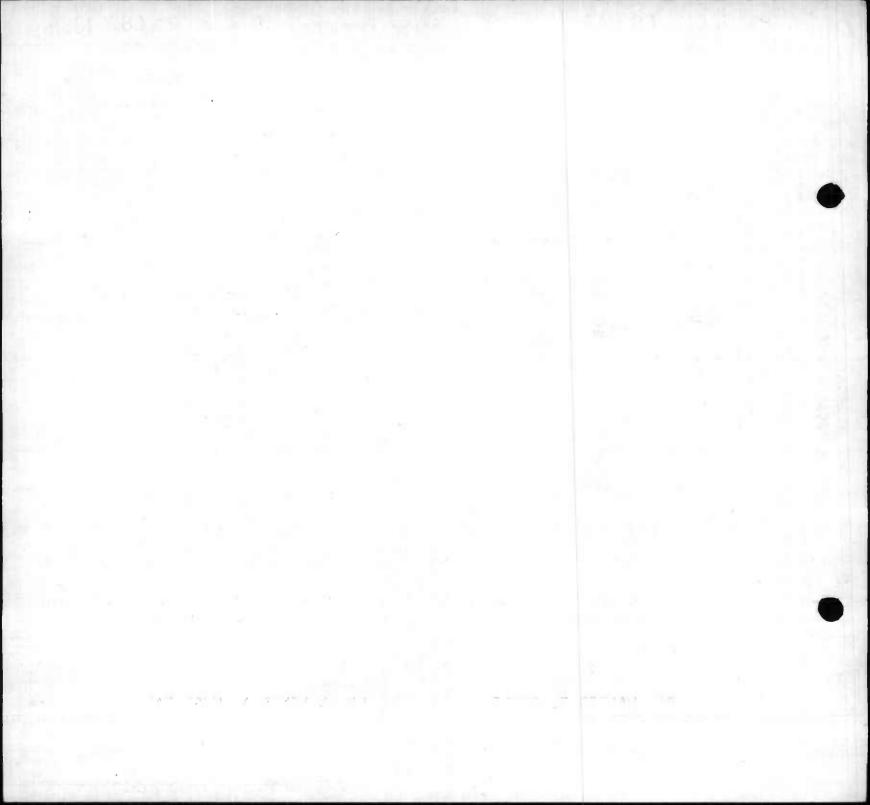
8 =

of death

cause

BALTIMORE CITY HEALTH DEPARTMENT 66 04339 Registered Na. SIRTH NO. CERTIFICATE OF DEATH Such Deceased M.E. CASE NO. I. NAME OF DECEASED LEROY LEWIS THOMPSON 2. DATE AND HOUR OF DEATH (Type or Print) LO THOMPSON 5 ERDY LDUIS 6/6 death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence attendance B. COUNTY (2) (If not in haspital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township INSTITUTION canse; 0 prior MUSCHAN WOLLDENS! D. STREET ADDRESS (If rural, give lacation) Undetermined regulor is mad 5. SEX 9. AGE (In years 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. If Under 24 Hrs. Hours Min, deceased WIDOWED, DIYORCED/(specify) Months Days Hours last birthday) MIDER MALLEON IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) Dispatcher Esso Oli 4. MOTHER'S MAIDEN NAME the 13. FATHERS NAME LO 5. Was Deceased Ever in U. S. Armed Farces. 6. SOCIAL ADDRESS 17. INFORMANT finol (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. Montebello Terrace attendonce 214 01-5746 NO Thompson Ruth Mrs INTERVAL BETWEEN CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY baimed LEADING TO DEATH (This does not mean the made of dying, e.g., DUE TO heart failure, asthenia, etc. Il means the disease, regular injury or complication which caused death,) em ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) sloting the = (C) UNDERLYING CONDITION lost. the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED physicion DISEASE OR CONDITION CAUSING IT. 9A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED efore 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in ar about 21 C. WHERE DID (If in Boltimore City, give exact lacation) home, farm, factory, street, affice bldg., INJURY OCCUR? 0 DEATH (notily medical examiner) etc.) nature; Ž MEDI obtained (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 OF INJURY (except While At Not While (APPROX.) and Wark Al Work any 22. I certify that (I) (this hospital) attended the deceased fram that (1)((we)) lost saw the deceased alive an. and that in (my) (our) apinian death accurred an the date of deoth) hospital and haur and fram the causes stated abave. (1) (We) (tid) (did not) view the bady after death. must accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Phys. prior to Phys. Director written approval 8 23 C. PHYSICIAN'S 23D. ADDRESS at DR. V An BOONE WALTER T. UNION MEMORIAL HOSPITAL M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, tawn, or county) (State) REMOVAL (Specify) shows: Burial Maryland Was 25A. DATE REC'D BY HEALTH DEPT.

/66 Baltimore Cemetery Baltimore HENRY SANDER & SONS INC. BALTIMORE MARYLAND VS 150-REV. 1/1/65



and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23B, DATE SIGNED 4-27-66 Attending Phys. Med. Director Stoff Phys. 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS HOSPITAL, BALT. Md CLIEVAS, JR. M 258. NAME OF REGISTRAR VS 150-REV. 1/1/65

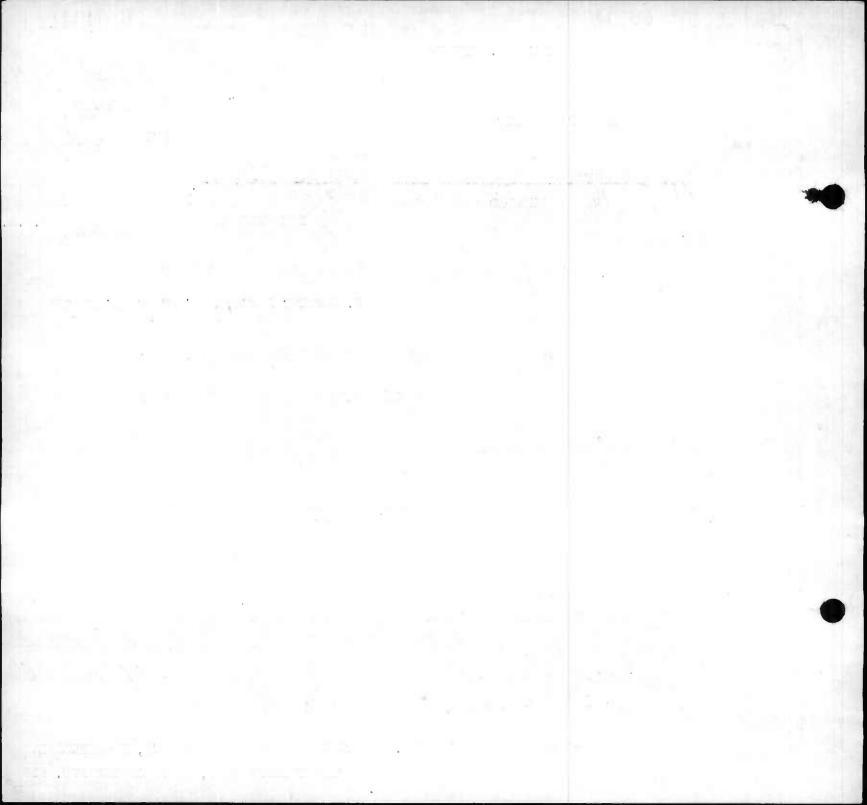
ALAKEY ZAND BALTIMORE LUTHERAN HOSPITAL 2111 GAERISON BLUD HIG MARRIED 4-19-1900 66 TRUCK PRIVING # ? SOUTH CARCOLINA - U.S. A RUTH NEW YORK CUPE - OUN GARRISON SELLS 2 00 00 296 PULMONARY EDENA CHRUNIC MERCT DISTASE 22 65 4-72 55 7-27 4-27-6 ARTERNO M CHEVAS, JR. LUTHERAM HOSPITAL PALT HILL

VS 150-REV. 1/1/65

Such

attendance on the

66 04341	BALTIMORE CIT	Y HEALTH DEPARTMENT		CC 04944
BIRTH NO.	CERTIFICA	ATE OF DEATH	Registered No	66 ()4341
M.E. CASE NO. 1. NAME OF DECEASED PETER W	. DINKEL	2. DATE AND	HOUR OF DEATH	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	ER WILL	4. USUAL RESIDENCE (Where A. STATE 8. COUNT	deceosed lived. If inst	tution: residence before admission)
FULL NAME OF (If not in hospital or institution	n, give street	Mp.	GALTO	MARYLAND
HOSPITAL OR UNIVERSITY HOSPIT	HOSP,	BAL	ide city limits, write RU	TMORE 4/-14
UNIVERSITY		3210 EV	urol, give location) 32	417
	ED, NEVER MARRIED VED, DIVORCED (specify)		ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTR	11. BIRTHPLACE (Stote or foreign	in country)	12. CITIZEN OF WHAT COUNTRY? U.S.F
MACHINIST 13. FATHERS NAME		14. MOTHER'S MAIDEN NAM	NE .	0011)
CHRISTOPHER	DINKEL	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MARGARET FI	RANZ
5. Was Deceased Ever in U. S. Armed Forces? Yes, no ar unknown)((If yes, give war or dates of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
ND .	JECONIII NO.	MRS. DOROTHY JUD	GE, 3210 EVE	ERGREEN AVENUE
18. 15 4 X I	CAUSE	OF DEATH	******	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH (This does not meen the mode of dying, e,	(A) All	TASTATIC	ARCINOMA	2 XR 5
heart foilure, asthenia, etc. It means the diseasinjury or complication which coused death.)	se,			.2
ANTECEDENT CAUSES	(8) CAL	LINOMA OF	RECTUM	1 3/RS
DISEASES OR CONDITIONS, if any, givi	DUE TO			
rise to the obove cause (A) stoting to UNDERLYING CONDITION last.		·		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
SNOERLING CONDITION loss.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUT TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	R WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	IDINGS CONSIDERED
2 / 1969 CA	OF RECTU	M YES		
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., name, form, factory, street, etc.)	in or about 21 C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore (City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 2	While At Not Wh		IRY OCCUR?	
22. I certify that (I) (this hospita) attended	Work At Work		966 10 4	- 25 1066
that (1) (we) ast saw the deceased alive a	4-25	19 6 6 and the		an death accurred on the date
and haur and fram the causes stated above	(I) (We) (did) (did nat)	view the bady after death.		
23A. S'GNATURE	M.D. AI	tending Med	Stoff 132	3B. DATE SIGNED
ac sulchill will w	Ph Ph	ys. Director I	Phys.	24 apr. 66
23C. PH/SICHAN'S NAME (Type)	49 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	23D. ADDRESS	110	
IN WARD KU	RHD M.D.	UNIV	110-)//
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME OF CEMETERY OF CI			town, or county) (State)
BURIAL 4-28-66 25A. DATE REC'D BY HEALTH DEPT. 25B. NAM	PITTSTON AVE.	CEMETRRY LACK	AWANNA COUNT	Y, PENNSYLVANIA
APR 28 1966 R.P.	RE Jakens			WILKENS AVE. #29
111111111111111111111111111111111111111	A	-10212-10111111111111111111111111111111	a morre, TTU/	HALLING TAVES 1/23



RTH NO.	MEDICA	L EXAMINER'S C	EKTIFICATE OF DI	L/ waging	64 114,
LE CASE NO.					
ype or Print)	D		2. DATE AND	HOUR PRONOUNCE	D DEAD
	JOSEPI		4-25-6		6:05 A. M.
ERTIFICOSPITAL OR	RE, MARYLAND, WHERE	MEUNDED ET	4. USUAL RESIDENCE (Where de A. STATE Maryland C. CITY OR TOWN (If outside co	B. COU	7-11-11-11
Baltimon	ce City Hospit	6/7/66	Ellicott City D. STREET ADDRESS (If rural, gi	ve location)	63-00
	stern Avenue,				
SEX 6. RA	CE 7. M.	ARRIED, NEVER MARRIED OWED, DIVORCED(specify) Widowed	B. DATE OF BIRTH 9-11-XX 96	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months, Days, Hours, Min.
			RY 11. BIRTHPLACE (State or foreign	10	12. CITIZEN OF
RETAIL SA		MARYLAND STATE	Ohio		U.S.A.
	Y MILLER				
	ER IN U.S. ARMED FOR	ES? 116, SOCIAL	Anna Schef	fel	ADDRESS
YES	W W I	security No. 219-07-2813	MRS. MARI	IE M. BUCKM 40 Eastern	ASTER, 132 N. GRO Ave., 21224 ANGLE
18.		CAUS	E OF DEATH		INTERVAL BETWEEN
					ONSET AND DEATH
DISEASE OLEA (This does not meent foilure, on the	R CONDITION DIRECTL DING TO DEATH teon the mode of dying phio, etc. It means the d	Bro	nchopneumonia and	uremia	ONSE! AND DEATH
DISEASE OF CRISE TO THE ABUNDERLYING	DING TO DEATH	(A) Bro	nchopneumonia and		
DISEASE OLLEA (This does not meen foilure, osthiniury or complice ANTE DISEASES OR C RISE TO THE ABI UN DERLYING C	DING TO DEATH teon the mode of dying princ, etc. If means the d tion which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, G OVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONT IF BUT NOT RELATED NOTION CAUSING IT.	(A) Bro DUE TO INING (B) Chr OTHE (C) RRIBUTING TO THE			
DISEASE OI LEA (This does not meen foilure, osthiniury or complice ANTE DISEASES OR C RISE TO THE ABI UN DERLYING C OTHER SIGNIFIC TO THE DEA' DISEASE OR CO 19A. DATE OF OPE	DING TO DEATH teon the mode of dying princ, etc. If means the d tion which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, G OVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONT IF BUT NOT RELATED NOTION CAUSING IT.	(A) Bro DUE TO INING OTHE (C) IRIBUTING TO THE N FOR WHICH OPERATION	cture Tight hip	S	DINGS CONSIDERED
DISEASE OI LEA (This does not meen foilure, osthinium or complice ANTE DISEASES OR C RISE TO THE ABI UN DERLYING C OTHER SIGNIFIC TO THE DEA DISEASE OR CO 19A. DATE OF OPE 21A. EXTERNAL CA UNDERLYING OR UTING CAUSE O	DING TO DEATH tean the mode of dying gring, etc. It means the dition which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, GOVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONTITO NOT RELATED NOT RELATED WAS PERFORMING IT. RATION 198. CONDITION WAS PERFORMING FOR CONTRIBERED TO STATE OF THE CON	(A) Bro DUE TO (B) Chr (C) CRIBUTING TO THE N FOR WHICH OPERATION ED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	coure right hip 20A. AUTOPSY? (Yes or No) 20 Yes in or obout 21C. WHERE DID (If office bldg., Parapsco Av	B. IF YES, WERE FIN CERTIFYING CAUSE YES in Boltimore City, give	DINGS CONSIDERED ES OF DEATH?
DISEASE OLLEA (This does not meet foilure, osth injury or complice ANTER DISEASES OR CRISE TO THE ABOUNDERLYING COMPANIES OF COMPANI	DING TO DEATH tean the mode of dying gring, etc. It means the dition which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, GOVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONTITO NOT RELATED NOT RELATED WAS PERFORMING IT. RATION 198. CONDITION WAS PERFORMING FOR CONTRIBERED TO STATE OF THE CON	RIBUTING TO THE 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED	cture Tight hip 20A. AUTOPSY? (Yes or No.) 20 In or obout 21C. WHERE DID (If injury occur? Patapsco AV 21F. HOW DID INJURY	B. IF YES, WERE FINI CERTIFYING CAUSE YES in Boltimore City, giv.	DINGS CONSIDERED ES OF DEATH? e exact lacolion) ington Roulevard
DISEASE OF LEAR (This does not meen foilure, osthinium or complice of the complete of the com	DING TO DEATH teon the mode of dying princ, etc. If meons the d tion which coused deoth.) CENDENT CAUSES CONDITIONS, IF ANY, G DVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONT ITH BUT NOT RELATED NOTION CAUSING IT. RATION 198, CONDITION WAS PERFORMI USE WAS CONTRIB- F DEATH.	RIBUTING TO THE 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 218. INJURY OCCURRED WHILE AT NOT AT WORK Inspection AL	conic pyelonephriti conic pyelonephriti conic pyelonephriti 20A. Autopsy? (Yes or No) 20 Yes in or obout 21C. WHERE DID (If office bldg, INJURY occur? Patapsco Av 21F. How DID INJURY WHILE X Ambulan e- utapsy X and that an this	B. IF YES, WERE FINI CERTIFYING CAUSE YES in Boltimore City, give to the control of the control	DINGS CONSIDERED ES OF DEATH? e exoct locotion) ington Boulevard psion
DISEASE OF LEAR (This does not meen foilure, osthinium or complice ANTER DISEASES OR CRISE TO THE ABIT OF THE DEAR OTHER SIGNIFIC TO THE DEAR DISEASE OR CO 19A. DATE OF OPE 21A. EXTERNAL CA UNDERLYING OR UTING CAUSE OF 21A. EXTERNAL CA UNDERLYING OR UTING CAUSE OF 21A. EXTERNAL CA UNDERLYING OF UTING CAUSE OF ACTUAL SIGNATURE EXAMINER'S	DING TO DEATH Lean the mode of dying a princ, etc. It means the dition which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, GOVE CAUSE (A) STATING ONDITION LAST. II ANT CONDITIONS CONTITO WAS PERFORMING IT. RATION 19-8. CONDITION WAS PERFORMING IT. WAS PERFORMING TO THE WAS CONTRIBERED TO THE WAS CONTRIBERED TO THE WAS PERFORMING IT. III ANT CONDITIONS CONTITO WAS PERFORMING IT. RATION 19-8. CONDITION WAS PERFORMING IT. WAS PERF	INING CHY STATE (A) Bro DUE TO (B) Chr (C) CHY (C)	conic pyelonephriti conic pyelonephriti conic pyelonephriti 20A. Autopsy? (Yes or No) 20 Yes in or obout 21C. WHERE DID (If office bldg, INJURY occur? Patapsco Av 21F. How DID INJURY WHILE X Ambulan e- utapsy X and that an this	B. IF YES, WERE FINE CERTIFYING CAUSE IN Boltimore City, giv. OCCUR? AULO COLLS basis, death in my determined manner MINER	DINGS CONSIDERED ES OF DEATH? e exoct locotion) ington Roulevard psion
DISEASE OI LEA (This does not meet foilure, osthinity or complice ANTE DISEASES OR CRISE TO THE ABI UNDERLYING CO OTHER SIGNIFIC TO THE DEA' DISEASE OR CO 19A, DATE OF OPE 21A, EXTERNAL CA UNDERLYING OR UTING CAUSE OI 21D TIME (Mo OF INJURY (APPROX.) 22. I certify t resulted f ACTUAL SIGNATURE	DING TO DEATH Lean the mode of dying a princ, etc. It means the defian which coused death.) CENDENT CAUSES CONDITIONS, IF ANY, GOVE CAUSE (A) STATING ON DITION LAST. II ANT CONDITIONS CONTITUE AND NOT RELATED NOT RELATED NOT RELATED WAS PERFORMING IT. RATION 198. CONDITION WAS PERFORMING TO THE CONDITION CAUSING IT. RATION 198. CONDITION WAS PERFORMING TO THE CONDITION CAUSING IT. RATION 198. CONDITION WAS PERFORMING TO THE CONDITION CAUSING IT. WAS PERFORMING TO THE CONDITION CAUSE WAS CONTRIBED TO THE CONDITION CAUSE WAS CAUSE WAS CONTRIBED TO THE CONDITION CAUSE WAS CAUS	INING CHT STORE INING OTHE (B) Chr OUE TO INING OUE TO (C)	conic pyelonephriti conic pyelonephriti conic pyelonephriti 20A. AUTOPSY? (Yes or No) 20 IN Yes in ar obout 21C. WHERE DID (If office bldg. INJURY OCCUR? PATAPSCO AV 21F. HOW DID INJURY WHILE WORK AMBULAN CHIEF MEDICAL EXAM ASSISTANT MEDICAL EXAM ASSOCIATE MEDICAL EXAM	B. IF YES, WERE FINITED TO SERVICE STATES TO SER	DINGS CONSIDERED ES OF DEATH? e exact lacotion) ington Boulevard spion y aplnlan r DATE SIGNED

oth fun RSF.

CERTIFICATI AMENDRO

and of death

hospital

Cause

contributing occurred

10

direct

death

or his

examiner

the chief medical

by

approved

Also,

examiner.

(4) Undetermined cause; (5) Deceased

uo

ance

attend

regular

=

MOS

eath

70 any

pronounced

who

physician

the

(except

hospital

O

at

Mas

eceased D.O.

70

written

kind;

o

cture

fra

4

3

burns; medical

Body

3 where

nature;

any

of

An accident

0

to the hospital by

was released

the body

shows:

certificate must

BALTIMORE CITY HEALTH DEPARTMENT 66 04343 Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 12 4 6 3. PLACE OF DEATH IN BALTIMORE 4. USUAL RESIDENCE (Where decreased fived, If institution: residence before admission) 601 B. COUNTY A. STATE YLT MOR FULL NAME OF (If not in hospital or institution, give street 0 HOSPITAL OR addrass or lacation) TOWN (If outside city limits, write 0 MORE prior D. STREET give location NC made. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours Min. deceased WIDOWED, DIVORCED (specify) Hours lost birthdoy) RRI 50 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF STRTHPLACE (State or foreign country) disposition WHAT COUNTRY? done during mast of working life, even if retired) Maryland U.S.A. Housewife 14. MOTHER'S MAIDEN NAME the Charles C. Musgrave Laura V. Easton 0 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no ar unknawn) (II yes, give war ar dates of service) 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. attendance No 212-18-5809 Mr. Charles Hilton-5315 Beaufort Ave. -15 CAUSE OF DEATH 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury ar camplication which caused death.) (B) ANTECEDENT CAUSES DUE TO Gre DISEASES OR CONDITIONS, if any, giving to the above cause (A) stoting the the remains UNDERLYING CONDITION IOSI. MOS CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes ar Na) WAS PERFORMED before 218. PLACE OF INJURY (e.g., in ar obout 21C. WHERE DID hama, form, foctory, street, affice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (If in Boltimare City, give exact facation) 0 DEATH (natily madical examiner) etc. MEDIC obtained 21 D. TLANE OF INJURY (Month) (Day) (Year) (Haur) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? 9 Not While While At (APPROX.) Al Work Work and 22. I certify that (1) (this hospital) attended the deceased from pe 19 66 that (1) (we) last saw the deceased alive an and that in(my) (aur) apinian death accurred an the date eath) and have and from the causes stated above. (1) (We) (did) (did not) view the bady after death. must 23A. SIGNATURE 23B, DATE SIGNED 0 Attending Phys. M.D. Med. Staff 40 6 Director Phys. approval prior 23C PHYSICIAM'S NAME (Typo)

Edward S Kallins 24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY

Loudon Park Cemetery

3801 Erederick Rve. Balt. 29, Md.

25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR

4/30/66

Ioring Byers-8728 Liberty Rd. Randallstown

V\$ 150-REV. 1/1/65

Burial

REMOVAL (Spacify)

25C. FUNERAL DIRECTOR

23 D. ADDRESS

4.4-7018 1916 CICK DIN TIMERE SIND MITTER TO THE FORTHERE 5315 BEALISTER LIE F W MARRELD 2/14/ ... godeni . " mandi # 74" N Fig. . By Cre to men to the most and analysis of the gray Conti mercandida 17.18 4 year lineary the her farming AND AND ADDRESS OF THE AND ADDRESS OF THE ADDRESS O minds from a size of 5-min

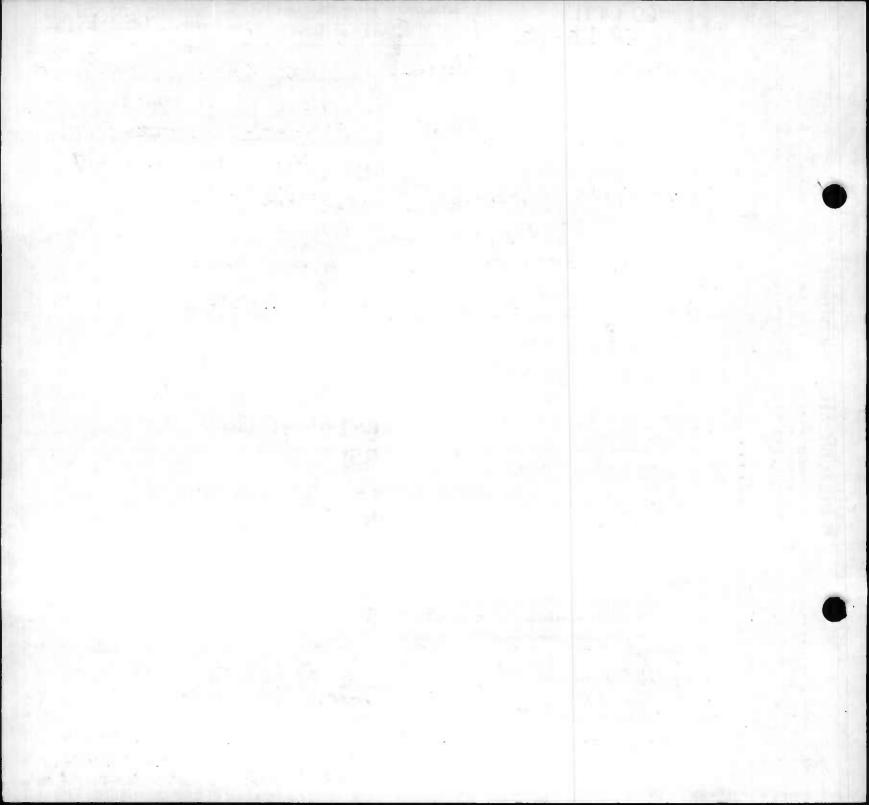
VS 150-REV. 1/1/65

Such

	0.66 04344			HEALTH DEPARTMENT		66 04344
	ASE NO.		CERTIFICA	TE OF DEATH	Registered Na.	00 (7101)
1.NAM (Type o	e OF DECEASED	ins L.	offerbert	60 th 4/0	PHOUR OF DEATH	5 pm 1 M.
	CE OF DEATH IN BALTIMORE, MA	or institution, give	alread .	A. STATE B. COUNT	LT IMORE	stitution: residence before odmission)
HOS	PITAL OR oddress or location	n)		C. CITY OR TOWN (If outs	side city limits, write R	URAL ond give township)
1	4940 East Baltimore				urol, give locotion) reen Park -	2122 (21)
S. SEX MAI	LE 6. RACE WHITE	7. MARRIED, NE WIDOWED, D WID	IVORCED (specify)		ost birth ay)	If Under 1 Yr. II Under 24 Hrs. Months: Doys Hours Min,
done du	UAL OCCUPATION (Give kind of working most of working life, even if retired)			MARYLAND, Ba		12. CITIZEN OF WHAT COUNTRY?
13. FAT	JOHN	Insu Hofferbe	rance	14. MOTHER'S MAIDEN NAM	MEHRING	- /4
(Yes, no	Deceosed Ever in U. S. Armed For or unknown) (II yes, give wor or dote		SOCIAL SECURITY NO.	17. INFORMANT RECORDS: BCH 49	40 EASTERN .	ADDRESS AVE, BALTO, MD. 21224
18.	DISEASE OR CONDITION DILEADING TO DEATH his does not mean the made of art failure, asthenia, etc. It means ury ar camplication which caused ANTECEDENT CAUSES	dying, e.g., The disease, death.)	(A) COUSE OF	ente MI SCVD	79 Marie 1	INTERVAL BETWEEN ONSET AND DEATH IS ALTO Years
tise	SEASES OR CONDITIONS, if e la the abave cause (A) NDERLYING CONDITION last.	stating the	(C)			
CERTIFICATION 101	THE DEATH BUT NOT RELA SEASE OR CONDITION CAUSING	ATED TO THE IT. IDITION FOR WHI FORMED 21 B. PL	ACE OF INJURY (e.g., in	20 A. AUTOPSY? (Yes or No) YES or obout 21 C. WHERE DID included in the control of the control	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH? Yes City, give exact location
S OF	O. TIME (Month) (Doy) (Year) INJURY PROX.)	(Hour) 21 E. 1N While Work	JURY OCCURRED Not While At Work	21F. HOW DID INJU	JRY OCCUR?	4
23 d	I certify that (I) (this hospital (I) (we) last saw the deceased have and from the causes stated that the causes stated the causes stated that the causes stated that the causes stated that the causes stated that the causes stated the causes stated the causes stated that the causes stated the	l) attended the dead alive an 2 ted abave. (1) (2	deceased fram 12 4 Open 4 (did) (did eat) v M.D. Atte Physical M.D. M.D.	nding Med. Director Date SALTIMOR 4940 Eastern A	Stoll E CITY HOSP	23B. DATE SIGNED 23B. DATE SIGNED 12 CAPALLS 1TALS 1more, Md. 21224
	JRIAL CREMATION, 248. DATE		E of CEMETERY of CRE		4.3 (4.1)	y, town, or county) (Stote)
2SA. D	APR 28 1966 (25B. NAME OF	Lawn Come	25C. FUNERAL DIRECTOR	25 Eastern 901 Eeley Bal	Blvd.Ba.Co.,Md Conkling St. to.,24,Md.

1 The TATE OF LINE . 5 . (. . HE STANLE ... LEW ... LEW ...

	66 04345	BALTIMORE CITY	HEALTH DEPARTMENT	00 . 10.	
	TH NO.	CERTIFICA	TE OF DEATH X Regi	stered No. 65 04345	
1. N	AME OF DECEASED TO Print) TEFFER STHE!	Marie	2. DATE AND HOUR 4/24/6	OF DEATH	P.M.
	FULL NAME OF OF OTHER	on, give street	Maruland B. COUNTY	BALTIMORE limits, write RURAL and give township)	PS FRS
/ "			New Section 1	Road Box 628	300
5. 5	emale White min	WED, DIVORCED (specify) RRRIED	12/30/02 9. AGE (10st bight)	Burs, Months Doys Hours	24 Hrs. Min.
	USUAL OCCUPATION (Give kind of work 108, KIND e during most of working life, even if retired) Tetized, Us Sy F		mary land	12. CITIZEN OF WHAT COUNTRY?	
13.	THOMAS BREMON	3T	MINNIE YOU	ING	
	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (II yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT STANLEY M. KIET	FER SAME.	
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, heart foilure, asthenio, etc. It means the disecting or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, give is to the above cause (A) staling UNDERLYING CONDITION tost.	CAUSE OF	DEATH	interval betwee onset and dea culama.	
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
CAL CERTIFIC	198. CONDITION FOR CONDITION FOR CONTRIBUTING CAUSE OF DEATH (notify medical examine)	OR WHICH OPERATION 10 A PLACE OF INJURY (6.g., in home, form, foctory, street, offet, offet,	or obout 21 C. WHERE DID	YES, WERE FINDINGS CONSIDERED RIFTING CAUSES OF DEATH? If in Boltimore City, give exact locotion)	
MEDI	OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work At Work	120	10 30	
	22. I certify that (I) (this hospital) attended that (I) (we) lost sow the deceased alive and hour and from the causes stated above 23A. SIGNATURE	ed the deceased from	F.M. 1966. Ond that in (m) iew the body ofter death.	(our) opinion death occurred on the	he dote
244	23C. PHYSICIAMS PART HANGING 23C. PHYSICIAMS NAME (Type) SAMYTHAL BURIAL CREMATION, 124B. DATE 24C. BURIAL CREMATION, 124B. DATE		Adding Med. Stoll Phys. C. 33D. ADDRESS ST Paul SMATORY 24D. LOCATION	4/64/66 M M. (City, town, or county)	
	BURIAL 4-28-66.	OAK LAWN	CEM. 7225 E.	ASTERN BLUD, BALTO. CO.	
	APR 28 1966 (7.2.	of E. Falley M.D.	Charles & Zeile	BALTONLY, MD.	E,
VS	150-REV. 1/1/65				



		TE OF DEATH Registered No. 66 04346
M.	IRTH NO. 66 04346 CERTIFICA	TE OF DEATH Registered No. 2. DATE AND HOUR OF DEATH
Ту	ype or Print) Estella Brathuhn	4/26/66 4:45 A. M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where decoosed lived, If institution: residence before admission) A. STATE B. CDUNTY
	FULL NAME DF HOSPITAL DR INSTITUTION (If not in hospitol or institution, give street oddress or tocolion) 3726 Old York Rd.	Maryland c. city of town (If outside city limits, write RURAL and give township) Baltimore
2	3726 Old lolk kd.	D. STREET ADDRESS (If rurol, give location) 3726 Old York Rd.
F	Female White 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY)	8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 9. AGE (In years Months Doys Hours Min. 2/29/84 82
	one during most of working life, even if retired)	WHAT COUNTRY?
13.	Housewife Own Home	Maryland U.S.A.
	William Clubb	Elizabeth Retue
15.	5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
110	(es, no or unknown) (If yes, give wor or dolos of service) NO NO SECURITY NO. 212-053228	Grover C. Brathuhn-3726 Old York Rd
	18. 420,0 41 260 X CAUSE O	·
	heart failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION last.	TERIOSCLEROTIC HEART DISEASE
	DISEASE DE CONDITION CAUSING IT.	BETES MELLITUS
RTIFIC	198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., i on CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (notify medical examines)	n or about 21C. WHERE DID (If in Boltimore City, give exact location) ffice bldg, INJURY OCCUR?
	21 D. TIME (Month) (Doy) (Yeor) (Hour) 21 E. INJURY OCCURRED While At Mork At Work	
	22. 1 certify that (1) (this hospital) attended the deceased fram	7/2/53 19 10 2/2/ 1966
	that (I) (we) last saw the deceased alive on 2/21/6	
	and hour and fram the causes stated above. (1) (We) (did) (did nat) v	view the body after death.
	Lakert & May M.D. Att. Phy	onding Mod. Stoff Phys. 4/26/66
	23C. PHYSICIAN'S NAME (Typo)	23D. ADDRESS
24	Robert E. May M.D. 4A. BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY of CR	5662 The Alameda EMATORY 24D. LOCATION (City, lown, or county) (Stoto)
-	REMOVAL (Spocify)	
25	Burial 4/29/66 Parkwood Ceme 5A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR APR 28 1966 Robert E. Faller H. A.	Robert C. Altenburg-6009 Harford Ro
c	\$ 150-REV. 1/1/65	Funeral Home, Inc.

VS 150-REV. 1/1/65

PULMONARY EDEMA

ACTERIOSCECHOTIC HEART DEBASE

DIMBETES MELLITES

2/2/66/5/53

Relient & Milly

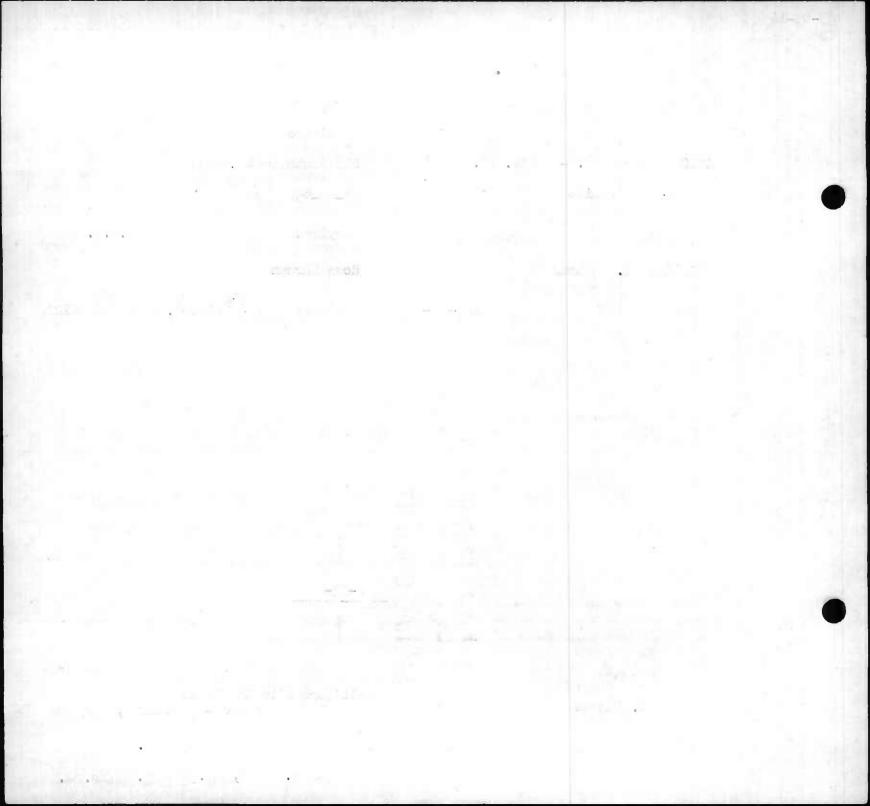
X

4/24/46

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

BALTIMORE CITY HEALTH DEPARTMENT 66 04347 ()ADAM

	-	0 0434		CERTIFICA	TE OF DEATH	Registered No.	00 (35037		
1. N	L CASE NO.	EASED	A		2. OATE, A	NO HOUR OF CEATH			
(Typ	oe or Print)	OFI	RGE H	THOMS	4/-	26/66	11 P M		
3. 1	PLACE OF DEA	TH IN BALTIMO	RE, MARYLAND			ere deceased lived. If in	stitution: residence before admission)		
						NII	26-10		
- 1	FULL NAME O	F (If not in I	nospitol or instituti (location)	on, give street	Maryland C. CITY OR TOWN (If outside city limits, write RURAL ond give township)				
/	NSTITUTION		1/		Baltimore				
1	SALT.	CITY	1405p1	TAL		rural, give location)			
1	940 Eas	tern Ave.	- Balto.	Md. 21224	213 South Eas	st Avenue			
5. 5		6. RACE	7. MARR	IED, NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	II Under 1 Yr. , If Under 24 Hrs.		
	Male	Whit	e WIDO	WED, DIVORCED (specify) Widowed	11-26-95	lost birthday)	Months Oays Hours Min.		
10A	USUAL OCCI	JPATION (Give kin		OF BUSINESS OR INOUSTRY		eign country)	12. CITIZEN OF		
don	e during most of	working life, even if	-		26 2 30		WHAT COUNTRY?		
10	Guar		Inc	lustry	Maryland	115	U.S.A.		
13.	FATHER'S NAM				14. MOTHER'S MAIDEN NA	IME			
	William	Lo The	oms		Rosa Ehrman				
		Ever in U. S. Ar	med Forces? or dates at service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	1010 Footo	AODRESS		
	ues	UNUT		212-10-1071	RECORDS: BCH	4940 Easte	Maryland 21224		
	18.	2 V I		CAUSE O		· Daronnor o	INTERVAL BETWEEN		
	DISEA	SE OR CONDITI	ON DIRECTLY	^			ONSET AND DEATH		
		LEADING TO	HTA3C	(A) C6	accroma	of Lune	266003		
	hearl failure,		ade of dying, of means the disease	e.g., DUE TO		0	0 1		
		ANTECEDENT C		(B)					
				DUE TO					
	1		S, if any, give (A) stating	-			,		
		G CONDITION		(0)					
		- 11							
ATION	TO THE D		IONS CONTRIBU						
	19A. DATE OF	OPERATION 15	B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE	FINDINGS CONSIDERED		
CERTIFIC	0	W	AS PERFORMED		No	IN CERTIFYING CA	USES OF DEATH?		
	OR CONTRIBU	NT WAS UNDER	OF _	21B PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21 C. WHERE DID	(If in Beltimor	e City, give exoct location!		
EDICAL		medical examine							
MED	OF INJURY	(Month) (Doy)	(Year) (Hour)	21 E. INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?			
2	(APPROX.)			While At Not While Work At Work	° -31-	1			
1	22. I certify	that (4") (this h	ospital) attende	ed the deceased from	(-1)	19 6/2 to Up	nl 26 19 66.		
	that (1) (we)	last sow the d	eceased alive	on 4-26	19 (p(a and t	hat in (my) (esur) api	inian death occurred on the date		
				e. (1) (We) (did) (did not) v					
	23A. SIGNATA	7 1/	4	s. (1) (==e) (d1d) (\$==1101) V	Tew The body offer decilia		23B. DATE SIGNEO		
		5//	cher -	M.O. Atte	ending Med.	Stoff	4-26-66		
	23C. PHYSICIA	N'S	X	Phy		Phy s.	1 24 66		
	PHYSICIA NAME (1			M.D.	Baltimore City	Hospitals			
24		B. Hughes		C. NAME of CEMETERY of CRE	4940 Eastern A	venue - Balt	timore, Maryland #24		
24/	REMOVAL (Specify)	240	S. IN AME OF CEMETERT OF CRE	MATORT 240.		City, town, or countyl (State)		
	Burial	4/	30/66	Oak Lawn Cemex		Baltimore	Md.		
25/	A. DATE REC'D	BY HEALTH DE	25B. NAA	AE OF REGISTRAR	25C. FUNERAL DIRECTO		AODRESS		
	AF	R 28 196	D Of Bear	E, falley M. M.	John A. Mo.	ran, Inc. 300	O E. Balto, Sto		
VS	150-REV. 1/1/	65		The second second	E" a				



death Deceased U_O hospital death. of attendance cause cause; 0 prior contributing etermined made. regular deceased disposition death (4) Und WOS the direct LO kind; final attendance Imed or fina any pronounced fracture bal ular examiner. Ee who 0 0 are 4 physician the remains MOS medical physician chief the 0 before where °N to the hospital any nature; obtained (9) (except and Pe death) o hospital must was released

0 0 0

prior approv

eceased

written

VS 150-REV. 1/1/65

to

D.O.A.

MOS

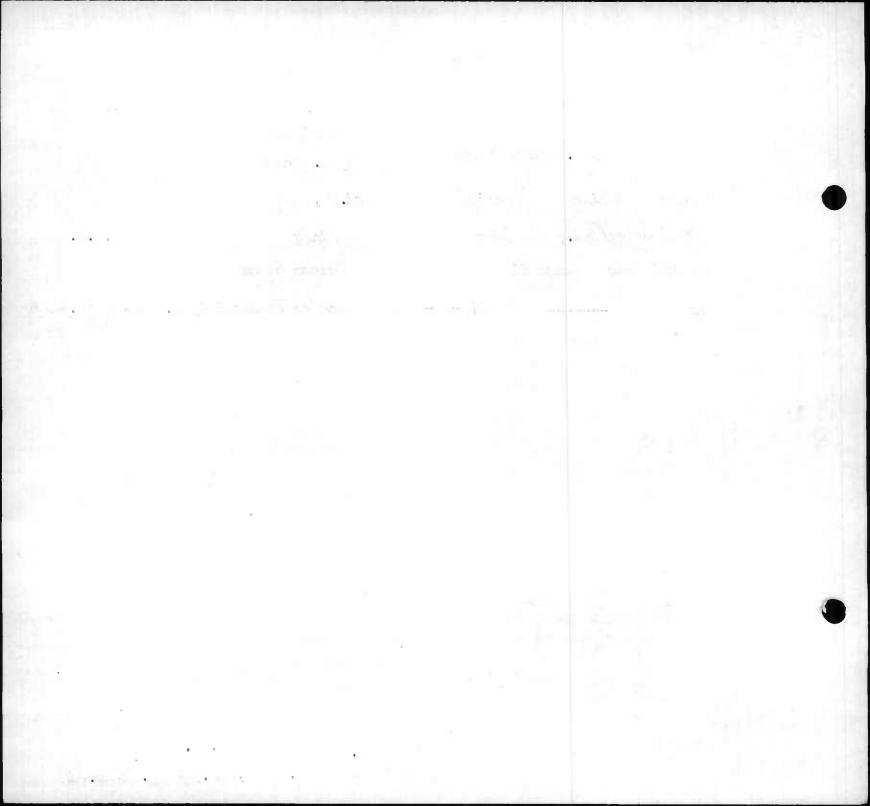
An

he body

BALTIMORE CITY HEALTH DEPARTMENT 66 04348 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED Type or Print) Alberto Trasarti USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital at institution, give street oddress or location) HOSPITAL OR (If outside city limits, write RURAL and give township INSTITUTION (If rural, give location) 13 N. Decker Avenue N. Decker Avenue 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months! Days If Under 24 Hrs. 5. SEX 6. RACE Hous WIDOWED, DIVORCED (specify) last birthday! Oct. 28, 1886 Married 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) WHAT COUNTRY? Steelworker (Ret. Steel Italy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ferdinando Teresa Braca Irasarti 15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(If yes, give wor or dotes of service) ADDRESS 6. SOCIAL SECURITY NO. Mercedes Trasarti 13 N. Decker Ave. Balto CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, injury or complication which coused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving the above cause (A) stating the UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, form, factory, street, affice bldg., INJURY OCCUR? (If in Boltimare City, give exact lacation) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) 21 D. TIME OF INJURY (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? While At Not While (APPROX.) Work At Work

22. I certify that (I) (this hospital) attended the deceased from that (1) (we)-lost sow the deceased alive on. ond that in (my) (our) opinion death occurred on the date and hour and from the couses stated obove. (1) (We) (dld) (did not) view the body ofter deoth. 23A. SIGNATURE 23B DATE SIGNED Med. Director Attending X Stoff M.D. 23D. ADDRESS 23C. PHYSICIAN'S NAME (Type) iane 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY REMOVAL (Specify) 258. NAME ON REGISTRAR CEMES. FUNERAL DIRECTOR

John A. Moran, Inc. 3000 E.

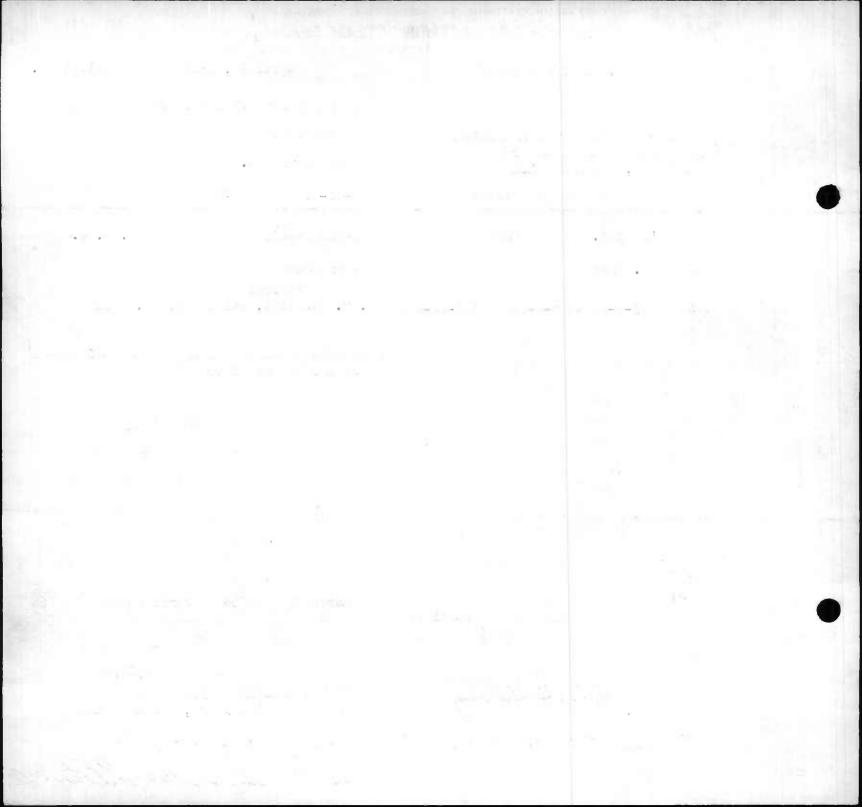


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. written approval must be obtained before the remains are embalmed or final disposition is made.

Such

				BALTIMORE CITY	HEALTH DEPARTMENT			
BIRTH N		66 04	1349	CERTIFICA	TE OF DEATH	Registered No.	66 (434)	9
	OF DECEASED				2. DATE A	AND HOUR OF DEATH		
(Type or	BABB.	WILLIAM	LEONAR	D	Apri	1 26, 1966	11:1	5 P. M.
3. PLAC	E OF DEATH IN BA	LTIMORE, MA	RYLAND		4. USUAL RESIDENCE (WH	nere deceased lived. If in	nstitution: residence bef	ore odmission)
HOSP		not in hospital tress or location		give street	Pennsylvania			ship)
100	erans Admi	nistrat:	ion Hos	oital	Philadelphia			
1//	O Loch Rav					If rural, give location)		
Bal	timore, Ma	ryland	21218		6042 Edmund			
5. SEX	6. RACE	asian	7. MARRIED, WIDOWED	NEVER MARRIED D. DIVORCED (specify)	6-11-91	9. AGE (In years last bighday)	If Under 1 Yr. If Months Doys Hou	Under 24 Hrs.
done duri	IAL OCCUPATION (In most of working life in ber s Asst	even if retired)	Unkno		Philadelphia Pennsylvania		12. CITIZEN OF WHAT COUNTS	
13. FATE	IERS NAME				14. MOTHER'S MAIDEN N.			
Wil	liam F. Bat	р			Anna: Beebe			
15. Wos	Deceased Ever in U	S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT Recor	ds	ADDRESS	
Yes		8 to 6-		181-22-0874	V. Hospital	, Baltimore,	Md. 21218	
1B.	162.1	1		CAUSE O	F DEATH		ONSET ANI	
	DISEASE OR CO	NDITION DIR	ECTLY	Bron	chogenic Carci	noma with	1 to 2 m	nonthe
	s does not meon			DUE TO MA	nchogenic Carci etastasis to th	e Liver		
	rt foilure, osthenio, ry or complication			***				
	ANTECED	ENT CAUSES		(B)		D B date to the date to compare an accompanient of the total to the temperature and th		na 400 0 0 0 0 0 400 0 0 0 0 0 0 0 0 0 0
DIS	EASES OR CON	DITIONS, if	ony, giving	00110				
	to the obove		sloting The	(C)	10 dimension () () o di di di () () () () () () () () () (0 0 H 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
		11						
NO TO	HER SIGNIFICANT O	JT NOT RELA	TED TO TH					
V 10A	DATE OF OPERATION			WHICH OPERATION	20A. AUTOPSY? (Yes or I	No. 208 IE VES WERE	EINDINGS CONSIDER	in.
S S		WAS PERI	FORMED		Yes	IN CERTIFYING CA	USES OF DEATH?	
OR	ACCIDENT WAS LOONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	CAUSE OF	21 B hometc.	e, form, factory, street, of	fice bldg., INJURY OCCUR?	(If in Battimor	e City, give exact loco	honl
Q 21 D		(Doyl (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID IN	NJURY OCCUR?		
5	PROX.)		Wh	ile At Not While				
22	L cartify that (1) (this bospital		he deceased from		19 66 to Apr	11 26	19 66
	(we) last sow			A	19 66 and	that In (max) (our) opi	nion death accurre	d on the date
					riew the body ofter death	THO THE CONTON	mon deom occure	on me dore
	SIGNATURE	e couses stot	ed obove. (I	7 (me) (did) (die-mor) V	riew the body offer deoin		238, DATE SIGNED	
				M.D. Atte	ending Med.	Staff Phys.	4/27/66	
236	PHYSICIAN'S	01 1	, .	Phy	22D ADDRESS			
230	NAME (Type)	alphos	- Tevi	~ cue	VA HOS		Loch Raven	1.0
24A. BU	KALPH H. TV	INING Y	0.40 81	M.D.		Baltimore, M		
	RIAL CREMATION, MOVAL (Specify)	5/2/		ME OF CEMETERY OF CRI		BEVERLY	ity, town, or county)	(Stote)
25A. DA	TE REC'D BY HEAL	TH DEPT.	25B. NAME C	OF REGISTRAR	25C. FUNERAL DIRECTO		A9 DRES	SS
P	IPR 29 196	6 Riber	B E. F.	Index MA.	The SC	Hann Fo	52/1/1/1	me to
V\$ 150-	REV. 1/1/65		-		have to be		W. C. Tana	



HEALTH DEPT.

29

VS 150-REV. 1/1/65

5 E TO

BEGISTRAN

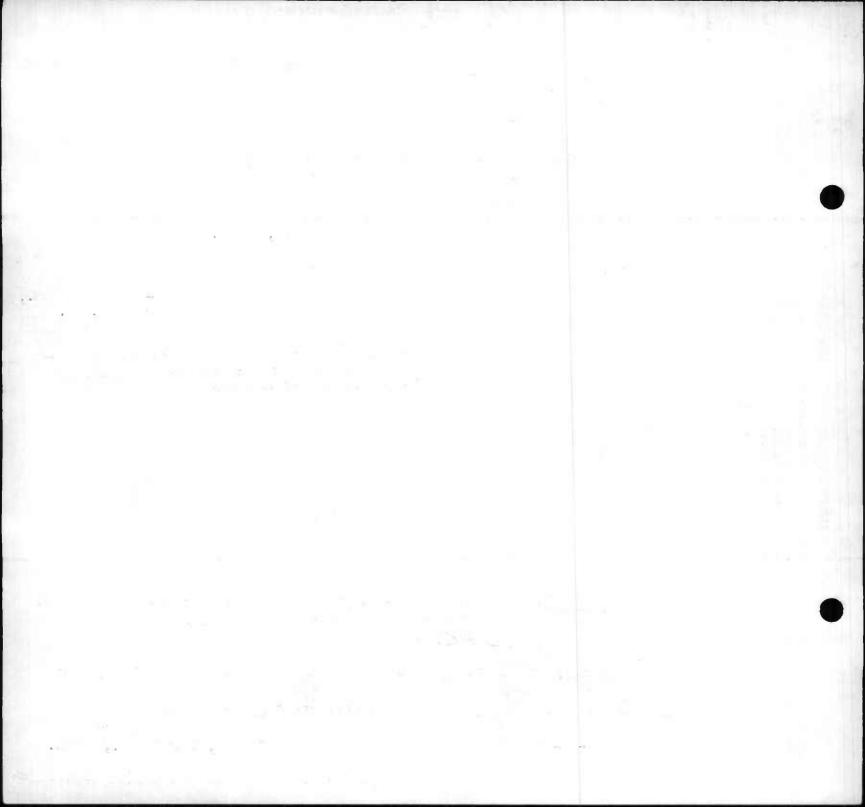
		00	04350		HEALTH DEPARTMENT	1			
	H NO. CASE NO.	60	1-3000	CERTIFICA	TE OF DEATH	Registered No.	6 1143	50	
1. N	AME OF DEC	CEASED			2. DATE	AND HOUR OF DEATH			
,	e or Print)			am Robert		ril 26, 1966		1:10	P.
. P	LACE OF DE	ATH IN BALTIMO	RE, MARYLAND		4. USUAL RESIDENCE (W. A. STATE 8. CO	here deceased lived. II i	institution: reside	once belore	odmi s si c
Н	ULL NAME (oddress or	ospitol or institut locotion)		Pennsylvania	Philadelph	IIA RURAL ond giv	re township)	5
II	TITUTION	eterans Ad	lministra	tion Hospital	Philadelphia				
	,	900 Loch I				(If rural, give location)			
	В	altimore,	Maryland	21218	1202 Arch St	reet			
5. SI	x Male	6. RACE	WIDO	HED, NEVER MARRIED WED, DIVORCED (specify)	8. DATE OF BIRTH 1-19-84	9. AGE (In years lost birthdoy) 82	If Under 1 Months Doy	r. If Und	er 24 H Min,
ιóλ.	USUAL OCC	CUPATION (Give kind	of work 10B. KINE	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or f		12. CITIZEN	OF	
	during most of	working lile, even if		i n a	Delaware		-	COUNTRY?	
	ATHERS NA		Rac	Tuß	14. MOTHER'S MAIDEN N	I A AA F	v. s.	. No	
	loses L				Lydia Robert				
15. V	Vos Deceoses	d Ever in U. S, Am	ned Forces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT Reco	rds	AD	DRESS	
-	Yes	10-9-13 1			V. A. Hospital	l, Baltimore,	Md. 212	218	
	18. 46	0 X 9-0	202.1	CAUSE O	F DEATH			RVAL BETY	
	DISEA	SE OR CONDITION		Pulm	onary Emboli			2 hour	S
	(This daes	nal mean the me			Olet A THOOTT				
		, asthenia, etc. It mplicotion which						0 1	
	injuly at cal	ANTECEDENT C		(8) Vari	cose Veins, Le	gs		2 mont	ns
	DICEACEC			DUE TO	0 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	198 0 0 0 - 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
		OR CONDITION: ne abave couse		-1					
		G CONDITION I							
ATION	TO. THE	IIFICANT CONDITION CAU	T RELATED TO	Tuberculosi THE Anemia seco	s, Pulmonary, ndary to Chron	Moderately A ic Infection	dvanced, and Mal	Acti nutrit	ve j
	O DATE O		8. CONDITION F AS PERFORMED	OR WHICH OPERATION	NO NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	N SIDERED TH?	
0	21 A. ACCIDE OR CONTRIB DEATH (notif	NT WAS UNDERLUTING CAUSE of medical examiner	YING OF	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21C. WHERE DtD ffice bldg., INJURY OCCUR?	(If in Boltimo	re City, give ex	oct location)	
	21 D. TIME OF INJURY	(Month) (Doy)	(Year) (Hour)	21E. INJURY OCCURRED	21F. HOW DID	NJURY OCCUR?	-		
20	(APPROX.)			While At Not White					
	20 1 1	.1 (37		Work At Work		66	mmd 1 06		- 66
1	W.			ed the deceased from		19 66 10 4			9 66
) lost sow the de			19.00 ond	that in (m) (our) op	Inion deoth o	ccurred or	the o
			es stated above	e. (KK) (did) (KXXX)	lew the body ofter deat	h.			
	23A. SIGNAT	URE					23 B. DATE SI	GNED	
				M.D. Atte	ending Med. S. Director	Stoff Phys.			
	23C. PHYSICI		1,	/ /	23D. ADDRESSVA Hosp		och Rave	n Boul	63/2
	YOUNG	E. CHUN	1	M.D.		imore, Maryl		1218	. or et.
24A.	BURIAL CRI		ATE 240	C. NAME of CEMETERY OF CR			City, town, or co		(Stote
_	REMOVAL				7/	7		270	7
3	VRIA		The same of the sa	SALTIMORE /		DALTIMO	RE LO.	2///	0,
25A	DATE REC'E	BY HEALTH DEP	T. 258. NAA	ME OF BEGISTRAR	25C. FUNERAL DIRECT	OB 1	-	ADDRESS	

25C. FUNERAL DIRECTOR

A SORTO

a hospital and

	TY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. GG (14351 CERTIFIC	ATE OF DEATH Registered No. 66 04351
T, NAME OF DECEASED	2. DATE AND HOUR OF DEATH ADA 2 6 1000 1 7 30 A
3. PLACE OF DEATH IN CALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased fived, if institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital at institution, give street	Maryland B. COUNTY
HOSPITAL OR oddiess oi locotion)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
2	Perry Hall D. STREET ADDRESS (If two, give location)
The Johns Hopkins Hospital	D. STREET ADDRESS (If Iuiol, give locotion) 329 Silver Spring Road
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	The same of the sa
Male White Married	4-11-07 9. AGE (In years If Under 171, If Under 24 His. Months: Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired)	Smithmill, Penna. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Demco Fritz	Anna
15. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT 329—Silver SpringRDm
18. // CAUSE	Perry Hall. Md. OF DEATH INTERVAL BETWEEN
TO CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	pertensive artériosofésofia diovascion Disease
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	sextensive arteriosclesofia
injury or complication which coused death.)	dio Vascidar Disease
DUE TO	
DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C) UNDERLYING CONDITION fast.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT. DISPA-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	No
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) DEATH (notify medical examiner)	office bldg., NJURY OCCUR? (If in Baltimare City, give exact lacotion)
OF INJURY (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) While At Work Not W	
22. I certify that (1) (this haspital) attended the deceased fram	4/25 19 66 to 4/26 19 66
that (1) (4) last saw the deceased alive an 4/26	19 66 and that in(my) out apinian death accurred an the date
and haur and fram the causes stated above (1) (did (did not	
23A. HIGNATURE	Attending Med. Stoff A
C. agent age	Thys. Director Phys. 20/60
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
24A. BURIAL CREMATION, 12/8. DATE 24C NAME of CEMETERY OF	POWOTOREOUS HOUGHEST
REMOVAL (Specify)	TR. 11"
Burial 4-29-66 Reagant Hill C	emetery Chargon Datoria Co. Penus.
25A. ATT REED BY HEALTH PEPT 25E NAME OF THE AR	ES21
V\$ 150-REV. 1/1/65	selliant of the for to



of death

a hospital

occurred in contributing

(4) Undetermined cause; (5) Deceased

Such

death.

prior to

the

attendance on

death

Also,

examiner.

A fracture of

written approval must be obtained before the remains are embalmed or final disposition is made.

deceased prior to death); and (6) No physician was in regular

shows: (1) An accident of any nature; (2) Body burns;

a hospital

to

was D.O.A.

the body was released to the hospital by

(except where the physician who

attendance cause

> regular deceased

BIRTH	NO. CASE NO.		66 043	52	CERTIFIC	CATE	OF DEATH	Registered No	6 043	52
1. NAA	AE OF DECE		ie F. Stin	-				AND HOUR OF DEATH	_	:15 P
3. PLA	CE OF DEA	TH IN BALTI	MORE, MARYLAND		DDD	A, STA	AL RESIDENCE (W	here deceased lived, II		
L INS	SETAL O		n ha rilal av as to		5/13/	11	ryland rox fown (1)	outside city limits, write	RURAL and gi	ve township)
0			rsing Home					(If rurol, give lacotion)		
5. SEX		6. RACE	se Avenue	RIED. NEV	ER MARRIED	B. DATE	OF BIRTH 1892	9. AGE (In years	If Under 1	Yr. , II Under 24 Hrs.
Fer	male	white	Wi	owed, DI	VORCED (specify	Nov.	20. 1882	last birthdoyl	Months: Do	ys Haurs Min.
		PATION (Give rarking life, eve	kind of work 10B. KIN n il retired)	D OF BUS	INESS OR INDU	STRY 11. BIRT	HPLACE (State or fo	areign country)	12. CITIZEN WHAT	OF COUNTRY?
	Spinner		Tex	tile	Will		ryland		USA	
13. FA	THER'S NAM	E				14. MC	THER'S MAIDEN N	IAME		
	Robert	Griffi	th				unnie Gill			
15. Wo (Yes, no	s Deceosed arunknawn)	Ever in U. S. (II yes, give	Armed Forces? war ar dates of serv	/ice) 16.	SOCIAL SECURITY NO.	17. INF	DRMANT		AD	DRESS
1	No			2.	12-18-434	5 Rol	ert L. St:	inefelt 10	05 Kings	ton Road
18.	DISEAS	E OR COND	ITION DIRECTLY		1-2	rkinso	n's dise	2250	ON	ERVAL BETWEEN SET AND DEATH VPS.
he	earl failure, jury or com	sthenia, etc. plicotian whi	made of dying, II means the dis ch coused deoth.)		DUE TO				00 000 00 00 0 4000 00 0 000 0 0000 1	yrs.
		NTECEDENT			DUE TO		vascul	cardio- ar disease		y 1 Se
ris	e la the		ONS, if any, g use (A) sloling N last.		(c) Ce	rebral	. vascula	r changes		mo.
ATION	O THE DE	ICANT CONS	DITIONS CONTRIB NOT RELATED TO CAUSING IT.	UTING THE						
CERTIFICATIO	A. DATE OF	OPERATION	198. CONDITION WAS PERFORMED	FOR WHIC	H OPERATION	20 A	NO NO	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CO AUSES OF DEA	NSIDERED TH?
_ OF	CONTRIBU	T WAS UND TING CAU medical exam	SE OF				21 C. WHERE DID	(II in Baltimo	re City, give ex	act lacation)
0F	D. TIME INJURY PPROX.)	(Month) (Do	y) (Year) (Haur)	21 E, INJ While A Wark		While Wark	21F. HOW DID I	NJURY OCCUR?		
1			thospital) attend				ary 16	1966 to Apr		19 66
			deceased alive					that in (my) (our) a p	oinian death a	ccurred an the dat
	A. SIGNATUI			1	2		2027 31101 30011		23R DATE S	GNED

23A. SIGNATURE	17			23B. DATE SIGNED
Blour C. S.	Rulo M.D. Attendi	Med. Director	Stoll Phy s.	4/28/66
23C. PHYSICIAN'S NAME (Type)	J (23 E	D. ADDRESS		1

Lloyd Saylor M.D. 3902 Greenmount Avenue, Balto.,

24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION

Burial 29 Apr. 66
25A. DATE REC'D BY HEALTH DEPT. 25B.

Howard County, Maryland

66 Meadowridge Memorial Park,
258. NAME OF REGISTRAR

25C. FUNERAL

Burgas 25C. FUNERAL DIRECTOR ADDRESS Funeral Burgee 3631 1118 Road

VS 150-REV, 1/1/65

at the garage and the second

NAME OF A STATE OF

AND THE RESIDENCE OF THE PARTY OF THE PARTY

VS 150-REV. 1/1/65

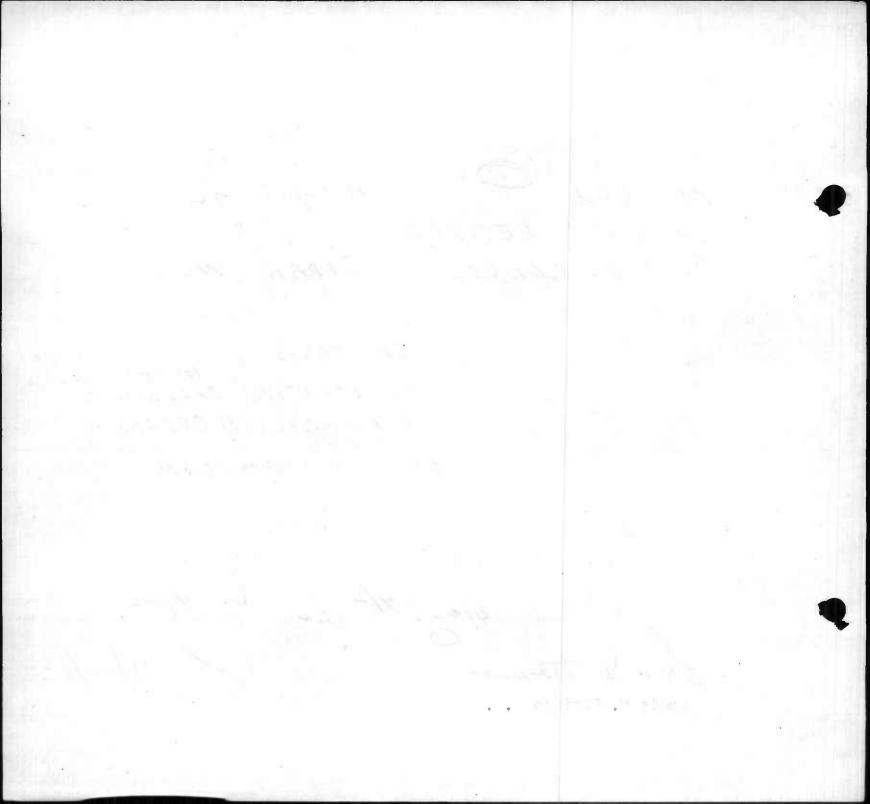
		BALTIMORE CITY	HEALTH DEPARTMENT		
BIRTH NO. M.E. CASE NO.	66 0435	3 CERTIFICA	TE OF DEATH	Registered Na.	66 н4353
1, NAME OF DECE	OLIVER	R CHRIST	PHER APRIL	L 27, 196	6 1:05 Pm
3. PLACE OF DEAT	H IN BALTIMORE, MARYLAND		A. STATE B. COUNT	TY	stitution: residence before odmission)
FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or institu addless or location)	tion, give street	C. CITY OR TOWN (If outs		URAL and give fownship)
NORTH !	CHARLES GENE	TRAL HOSP.	BALTIMO		
	-1,1,1-60- 40.00	ACOT,		urol, give location)	N AVENUE
MALE	WHITE S	RIED, NEVER MARRIED OWED, DIVORCED (specify)	8. DATE OF BIRTH 9	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	ATION (Give kind of work 10B, Kth orking life, even if retired)	D OF BUSINESS OR INDUSTRY	11, BIRTHPLACE (Stote or foreig	in country)	12. CITIZEN OF WHAT COUNTRY?
Maintena			UNKNOWN		U.S.A.
13. FATHER'S NAMI			14. MOTHER'S MAIDEN NAM	A.E.	
UNKNOW	ver in U. S. Armed Forces?	11 (2001)	UNKNOW	/N	
(Yes, no or unknown)	If yes, give wor or dotes of ser	16. SOCIAL SECURITY NO.	JOHN MO	RRISON	2742 HUNTING
18. 3.3	XI	CAUSE OI	DEATH		INTERVAL BETWEEN
	OR CONDITION DIRECTLY		SUBDURAL HE	FILMOULIA	ONSET AND DEATH
(This does no	t mean the made of dying, sthenia, etc. It means the dis	e.g., DUE TO	DUISVAKAL HE	EMORRHA (767
	licotion which coused deoth.)	4 80			
	NTECEDENT CAUSES CONDITIONS, if any, g	DUE TO	**************************************		PT WT B QT C BBOTC B B B B B B B B B B B B B B B B B B B
rise to the	obave couse (A) stoting CONDITION lost.			100 00 0 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0	***************************************
OTHER SIGNIFI	CANT CONDITIONS CONTRIB ATH BUT NOT RELATED TO ONDITION CAUSING IT.	UTING THE			
OTHER SIGNIFITO THE DEVELOPMENT OF COMMENT O		FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FI	NDINGS CONSIDERED SES OF DEATH?
OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, off etc.)	or obout 21 C. WHERE DID	(If in Boltimore	City, give exact location)
	Month) (Doy) (Year) (Hour)	21 E. INJURY OCCURRED While At Not While Work At Work	21F. HOW DID INJU	RY OCCUR?	
22. I certify t	hat W (this haspital) attend	led the deceased from	PRICE 2nd	966 to AF	PRIL 27 1964.
that W (we) I	ast saw the deceased alive	on APRIL 27	19 6 4 and the	t In (mg) (aur) apin	ian death accurred on the date
and haur and	from the causes stated abo	ve. N (We) (did) (did-not) vi	iew the bady after death.	•	
23A, SIGNATUR		-			23B. DATE SIGNED
	rulets M. 1			Stoff Phys.	4-27-66
NAME (Typ	e)		3D. ADDRESS		
24A. BURIAL CREM	LUIS ELIAS		AAATORY 245 10		
REMOVAL (Sp.	ecify)	IC. NAME of CEMETERY or CRE			r, town, or county) (Stote)
Burial 25A. DATE REC'D B	30 Apr. 66 Y HEALTH DEPT. 258, NA	Mays Chapel Cem	etery Ba	ltimore Cou	nty, Maryland
APR 29	1966 12 0 1-0	Z. O. 45	Burgee Funera	1 Home 363	l Falls Road

Horace F. Durgee

CLINE R LARRETOPHER AND LESS P. BALTIME KE T NORTH CHRRLES GENERAL HISON 3842 HUNTINGTON AVENUE 56 1601/01/4 D. S. B. JOHN MODERNON 2742 11 SUBSIGNED HEAVYPHIAGE 9-37-66 20173 SINT

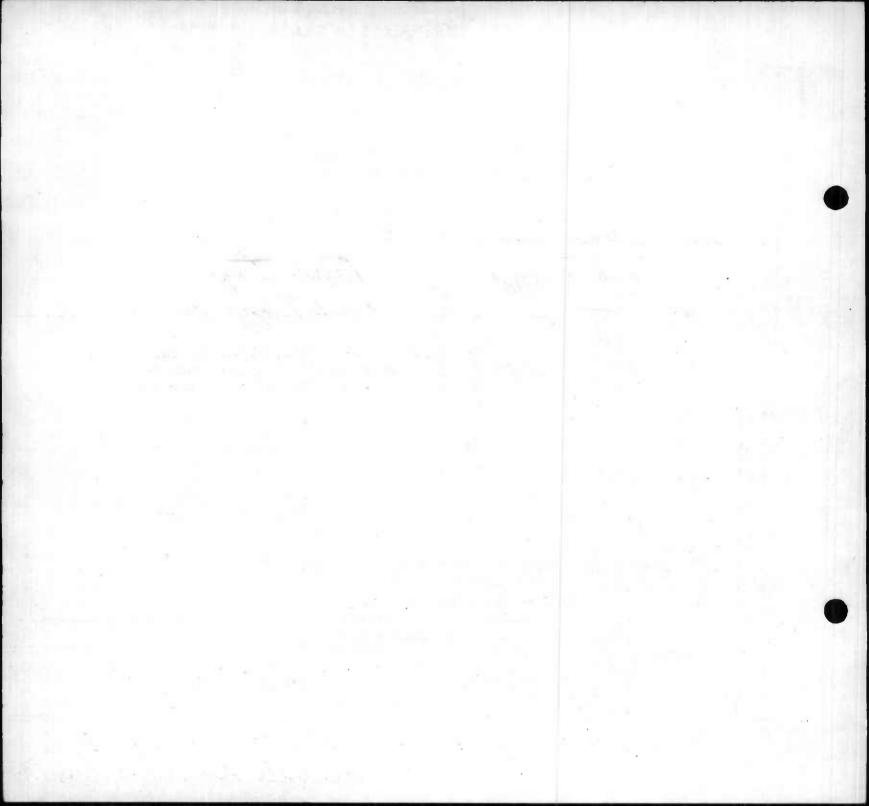
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

	and a second	BALTIMORE CITY	HEALTH DEPARTMENT	1	
BIRT	rh NO. (6 (43)4	CERTIFICA	TE OF DEATH	Registered No.	14354
	AME OF DECEASED			D HOUR OF DEATH	
		1. 111	2.07/	D HOUNG DEATH	4550
	LACE OF DEATH IN BALTIMORE MARYLAND	NDON	7/1	1/66	J-H
7	PLACE OF DEATH'IN BALTIMORE, MARYLAND		A. STATE B. COUN	TY /	stitution: residence before odmission
	FULL NAME OF (If not in hospital or institution	an own sheet	(na i)	Harma	1 -1
ŀ	HOSPITAL OR Address or location)	on, give street	C. CITY OR TOWN (If out	tside city limits, write f	RURAL and give township)
l	NSTITUTION	4-0	TECCHO	ony many	12370
1	X NOT	Tal	O. STREET ADDRESS (III	rural, give location)	
	(trunking) tayer		O. STREET ADDRESS	Toron, give location	
	1' /=	3	1 / Misside	~ Kago	(
. s		ED, NEVER MARRIED WED, DIVORCED (specify)		9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hr. Months: Ooys Hours Min.
	M CAU	WED, DIVORCED (specify)	10/2/09	7/	77.01.13
Ä	USUAL OCCUPATION (Give kind of work 108, KIND	OF BUSINESS OR INDUSTRY	11. BIRTAPLACE (State or forei	on country)	12. CITIZEN OF
	e during most of working life, even if refired)		C-7		WHAT COUNTRY?
1	NEAVER KE	TIRED	n	1	USA
	FATHERS NAME		14. MOTHER'S MAIDEN NA	ME	
-	111111 = 0	1 1	8000	1.1.	5-
_	JOHN E. CON	DON	ONRAH	NE	0 /
. 1	Was Deceased Ever in U. S. Armed Forces? s,no or unknown) (If yes, give war or dates of servic	1 6. SOCIAL e) SECURITY NO.	17. INFORMANT	0 0	ADDRESS
- 3	yes, give wal of onles of service	- JECORITI NO.	1//	(11.11	- 41
-	100	641100 0	Lenne	war	history
	18. 443 XI	CAUSE O	PUEATH		ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY		2		
	LEADING TO DEATH	(A) L-F	157AX15		10 -12 hx
	(This does not mean the made of dying, e heart failure, osthenia, etc. It means the disea			1+6	RRT DIS.
	injury or camplication which coused deoth.)	1 /			ma-1 010.
	ANTECEDENT CAUSES	(8) // //	ERTENSIVE	= CARD	10103C
	DISTANCE OF CONDITIONS I	OUE TO	\$ d	1	
	DISEASES OR CONDITIONS, if any, giving the lotter of the above cause (A) stating the state of th	ing in AC	ROMEGALY	DI CEL	EBRAL THI
	UNDERLYING CONDITION last.		95CVD		Land hand have been been been been been been been be
	11			*	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUT	ING TESTI	C. HYPOGO	INANISA	2
ATIO	TO THE DEATH BUT NOT RELATED TO	THE	. , , , ,	10 14 010 10	
O	DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	20A. AUTOPSY? (Yes or No	N 208 IE VEC WERE S	CANDINGS CONSIDERED
RTIFIC	WAS PERFORMED	WHICH OFEKATION	201. Adjorst ties of the	IN CERTIFYING CAL	INDINGS CONSIDERED USES OF DEATH?
ш			XeO		
U	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 B. PLACE OF INJURY (e.g., i home, form, foctory, street, o	ffice bldg., INJURY OCCUR?	(It in Battimore	City, give exact tocohont
CAL		etc.t			
_	21D. TIME (Month! (Day) (Year! (Hour)	21E, INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
ME	OF INJURY	While At Not While			
-		Work At Work			/
	22. I certify that (I) (this hospital) attende	d the deceased from	1/21	1966 10 4	12- 1066
		11/0-1	1 .		173
	that (1) (we) last sow the deceased alive a	n. 7-1	17 ond th	ot in (my) (our) opii	nian death occurred on the de
	and hour and from the causes stated above	. (I) (We) (did) (did not)	view the body ofter death.		
	23A. SIGNATURE			/	23 B. DATE SIGNED
	Mr. b A	M.O. Att	ending Med.	Stoff A	4/3,5/1/6
	Way to Dome	Phy		Phys.	1/02/6
	29C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS		
	Louis M. Damiano M.	M.O.			
4A		NAME of CEMETERY OF CR	EMATORY 124D to	OÇATION (Ci	ly, town, or county) (State)
	REMOVAL (Specify)	1	0		820
	12mal 4-25-6	Janan 1	em. 1	tarage	Ind.
25 Å	DATE REC'D BY HEALTH DEPT. 258. NAM	E OF REGISTRAR	250. FUNERAL DIRECTOR		ADDRESS
	APR 29 1966 (P.O. F.E	stanbourge	A Hitling	144 2 1 14 14 14 14 14 14 14 14 14 14 14 14 1	Mills: 1 Mid
15	150 BEV 1/1//E		13/10/01/0	MIINTON, I	How in 1111
45	150-REV. 1/1/65				4 4



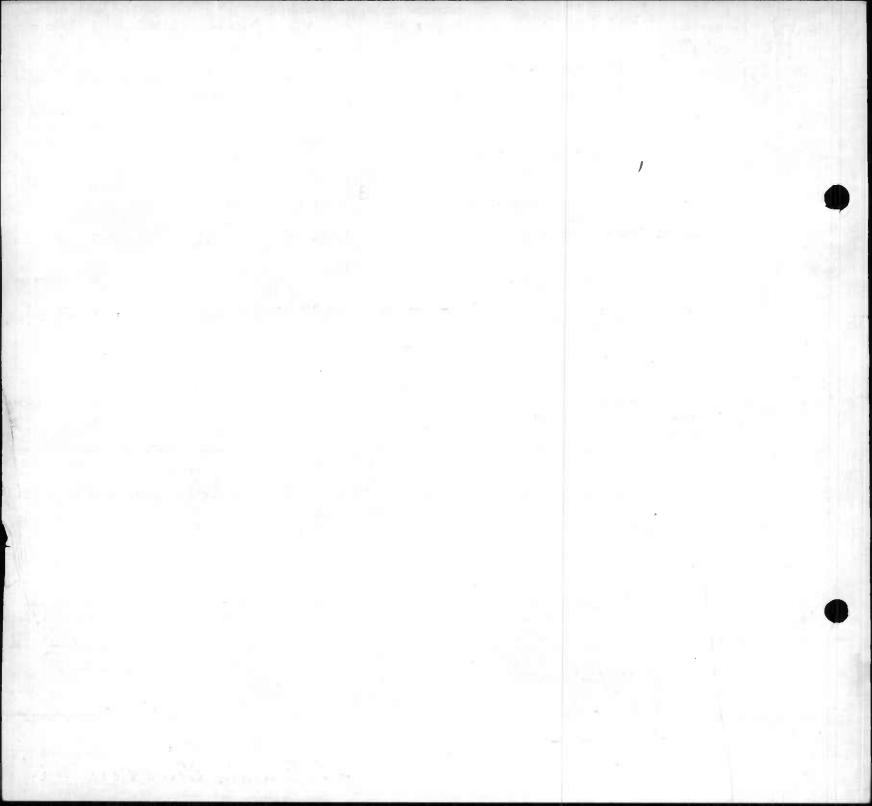
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT	. 1	CC NASET
BIRTH NO. 65 1435	CERTIFICA	TE OF DEATH	Registered No.	66 14355
M.E. CASE NO.		2. DATE AN	ID HOUR OF DEATH	
(Type or Print RANK TU	0770	4.0	RAL 20	1966 7:45- RM.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		14. USUAL RESIDENCE (When	re decoased lived. It is	nstitution: residence before admission)
		A. STATE B. COUN	1/ 1/	
FULL NAME OF (If not in haspital or instit HOSPITAL OR addiess or location)	ution, give street	C. CITY OR TOWN (If out	FT C W	RURAL and give township)
INSTITUTION			side city minuts, write	KOKAL did give lowiship
FRANKLIN SQUA	br usen	D. STREET ADDRESS (IF	iural, giva lacation)	0000
TONINCIN JOUR	RE HOSP.	GROSS A		
5. SEX 6. RACE 7. MA	RRIED, NEVER MARRIED		9. AGE (In years	If Under 1 Yr., If Under 24 His.
M MI WIL	OWED, DIVORCED (specify)	JUNE 22 1897	last birthday)	If Under 1 Yr. If Under 24 His. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KI	NO OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or force	on country)	12. CHIZEN OF
dane during mast of working life, even if retired)		A Her (a)	T 6 5 -	WHAT COUNTRY?
restaurateur ou	w restament	1000 10	RSEY	45A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
Frank / 111	11	Rachel 7	asia	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na arunknown) (If yas, give war ar dates of see	1 6. SOCIAL	17. INFORMANT	1	ADDRESS
tres, no di onche with the year, give wer at ones agree	SECHITY NO.	FIT.	1	0 %
18. 44 4 / \	CAUSE O	F DEATH	gr vai	INTERVAL BETWEEN
DISEASE OF CONDITION DIRECTLY	0 10	O. T.		ONSET AND DEATH
LEADING TO DEATH	Pulmo	nary embolus, r	ight cardi	ac
(This does not mean the mode of dying,	OUE TONTY	est complicating	o post rese	ct-
heart failure, asthenia, etc. It means the di injury ar camplication which caused death.		of ruptured ab		
ANTECEDENT CAUSES	- HB	. or rapeared do		
DISEASES OR CONDITIONS, if any,	0			
rise to the above cause (A) stating	the KS (C)	www.hanshanaa.		
UNDERLYING CONDITION last.	W = 64 19			
7	EZ			
OTHER SIGNIFICANT CONDITIONS CONTRIL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	O THEO			
DISEASE OR CONDITION CAUSING IT.	FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at No	20R IF YES WERE	FINDINGS CONSIDERED
WAS PERFORME		A . A	IN CERTIFYING	USES OF DEATH?
O 21 A. ACCIDENT WAS UNDERLYING	21B PLACE OF INJURY (0.9., i	n ar about 21 C. WHERE DID	(If in Baltimo	e City, giva exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, form, factory, streat, a	ffice bldg., INJURY OCCUR?		
0		23.5 11.014 21.0 11.11		
S OF INJURY	While At Not While	21 F. HOW DID INJ	URY OCCUR?	
(APPROX)	Wark At Wark			
22. I certify that (I) (this hospital) atter	ided the deceased from	APRIL 19	19 46 to	APRIL 20 19 66.
that (I) (we) lost saw the deceased ally		2 /	ot in(my) (our) op	inlon death occurred on the date
ond hour and from the causes stated abo	ave. (I) (We) (did) (did not)	lew the hady ofter death.		
23A, SIGNATURE	(,, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			23B, DATE SIGNED
Wilfredo M. Med	M.D. Att	ending Med.	Stoff	1
23C. PHYSICIAN'S		s. Director 23D. ADDRESS	Phys.	APRIL 20, 1966
NAME (Type)		Form	0.4	1/1000
WILLEREDO 19. 196	FOIAND M.D.	FANKEIN	SOURCE	(40>1/41
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY of CR	MAJORY	OGATION (C	City, town, as county) (State)
1Durial 4-23-66	St Marys	Cemeleny 1	Laurel,	Maryland
25A. DATE REC'D BY HEALTH DEPT. 25B. N	AME OF REGISTRAR	25C. EUNERAL DIRECTOR	1	ADDRESS
ARR 29 1966 A. C. A. E.	ATaile HI	Ne Illatt	News	Idean Lourelke
VS 150-REV. 1/1/65				7/ 3/-



This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death. Such

0 -4050	BALTIMORE CITY	HEALTH DEPARTMENT)	4000		
RTH NO. CERTIFICATE OF DEATH Registered No. 114356						
M.E. CASE NO.	GERTITIO		ND HOUR OF DEAT	T W		
(Type or Print)	(pg or Rint)			1 12 50		
	PLACE OF DEATH IN BALTIMORE, MARYLAND JOHNS HOPKING MOSPITED OF INSTITUTION, give street			l institution: residence before odmission)		
Johns Hapkins No			Carol:	ine		
MOSPITAL OR address or lacotion	ution, give street	Maryland				
INSTITUTION	he Johns Hopkins Hospital		C. CITY OF TOWN (If outside city limits, write RURAL ond give township) Ridgley D. STREET ADDRESS (If prol, give location)			
5						
The Johns Hopkins Hos						
	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months! Doys Hours Min.		
000.		3-19/42	last birthdoyl	Manms Doys Haurs Min.		
10A. USUAL OCCUPATION (Give kind of work 10B. KI	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY		reign country)	12. CITIZEN OF		
done during most of working life, even if retired) Compositer News Paper	0.70	Manuland		WHAT COUNTRY?		
13. FATHER'S NAME	er	Maryland 14. MOTHER'S MAIDEN NA	AME	USA		
Andrew Rampmeyer 15. Wos Deceased Ever in U. S. Armed Forces?	11 6 500141	Mildred Gr	oss	ADDRESS		
(Yes, no ar unknawn) (II yes, give war ar dates al se				ADDRESS		
No	219-36-551	l Nancy Ram	npmeyer R	idgely, Maryland		
1B. 3 3 5 W	CAUSE O		102	INTERVAL BETWEEN ONSET AND DEATH		
DISEASE OR CONDITION DIRECTLY	equa.	- 4 - 5				
LEADING TO DEATH (This does not mean the made of dying,	(A) 1W	CREASED TV	JAKACERSB	RAL MONSA		
heart failure, asthenia, etc. It means the di	sease,	PRESSURE SKNOON CAUSE				
injury or complication which caused death.		KNOUW CAUS	54			
ANTECEDENT CAUSES	DUE TO					
DISEASES OR CONDITIONS, if any,						
UNDERLYING CONDITION fast.	LYING CONDITION fast.					
II						
O THE SIGNIFICANT CONDITIONS CONTRIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE					
DISEASE OR CONDITION CAUSING IT.		Table				
	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED			RE FINDINGS CONSIDERED CAUSES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in			note City, give exact lacation)		
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	hame, larm, factory, street, a	ffice bldg. INJURY OCCUR?	(II III BUILL	note city, give exoct facount		
OF INJURY (Month) (Day) (Year) (Hour		21 F. HOW DID IN	JURY OCCUR?			
(APPROX)	While At Work Not Whit	e				
22. I certify that (I) (this hospital) atter	nded the deceased from	4/25	1966 10	4/27 19 66.		
that (I) (we) lost sow the deceased aliv	e on 4/27			opinion death occurred on the date		
and hour and from the causes stated abo	and from the causes stated above. (1) (We) (did) (did not) view the body ofter death.					
23A SIGNATURE				23B. DATE SIGNED		
1 2. Ogly. ()		ending Med.	Stall	4/27/66		
23C. PHYSICIAN'S	Phy	s. Director 23D. ADDRESS	Phys.	17-7-		
NAME (Type)	NAME (Type)					
	Leonard J. Quadracci The John's Hopkins Hospital					
REMOVAL (Specily)				(City, tawn, or county) (State)		
Burial 4-30-66	Greensboro		reensboro			
1	AME OF REGILIAR	25C. FUNERAL DIRECTO	(1/	ADDRESS		
APR 29 1900 (See 2		J. 6. 1204	clair de	reenslors, md.		
VS 150-REV. 1/1/65						



VS 150-REV. 1/1/65

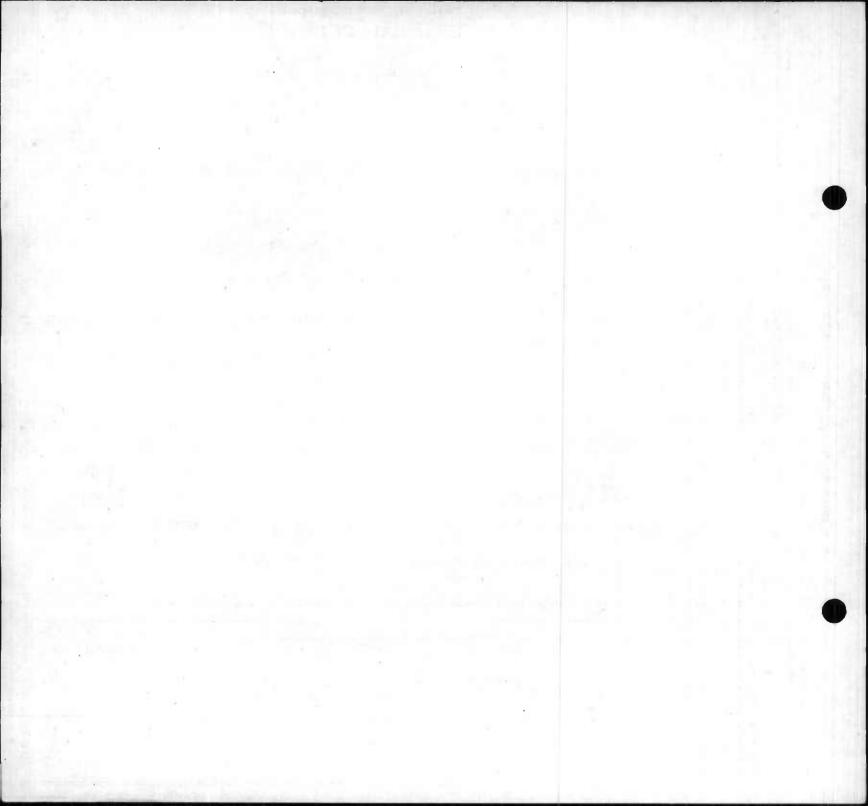
66 0435	BALTIMORE CIT	Y HEALTH DEPARTMENT	86	6 04357
BIRTH NO.		ATE OF DEATH	Registered No.	7 01007
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) Mollie Snu	dor	2. DATE AND	HOUR OF DEATH	66 9:10 P
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where B. COUNTY	deceased lived. If instit	
FULL NAME OF (If not in hospital or instituted by the state of the sta	ution, give street	Maryland C. CITY OR TOWN (If outsi	6	-04
INSTITUTION	1 1 - 1 1	Baltimore	ie city limits, wate kor	(AL ond give township)
Maryland General	Hospital	D. STREET ADDRESS (If run	Bal Timore	57
Y WID	RRIED, NEVER MARRIED DOWED, DIVORCED (specify) WIDOWED	B. DATE OF BIRTH 9.	AGE (In years st birthdoy)	f Under 1 Yr. If Under 24 H North's Doys Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10 B. KIN lone during most of working life, even if retired)		Y 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Lithuania		U.SA.
5. Was Deceased Ever in U. S. Armed Forces? Yas, no or unknown) (Iff yes, give wor or dates of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT LOUIS	neyers	ADDRESS Sane
No	216-32-5891	Brother-in-Las	·)	
18. 332 V I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY		1 1 1	/	ONSET AND DEATH
LEADING TO DEATH (This does not meen the mode of dying,	e.g., DUF TO	rebral Thron	nbusis	laay
heort foilure, ostherio, etc. It means the dis injury or complication which coused death.)	seose,			
ANTECEDENT CAUSES	DUE TO	***************************************	18698140988661000000000000000000000000000000000	*******************************
DISEASES OR CONDITIONS, if ony, on the course (A) stoling UNDERLYING CONDITION lost.) C D D D T D T C C C C C C C C C C C C C	AND
O OTHER SIGNIFICANT CONDITIONS CONTRIB TO THE DEATH BUT NOT RELATED TO	SUTING MOCON T	eric Throm	6-615	Iday
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUSE	DINGS CONSIDERED
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAPH (notify medical examiner)	218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID	(If in Boltimore C	ity, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not Wh Work At Work	21F. HOW DID INJUR	Y OCCUR?	
22. I certify that ((this hasnital) atten	ded the deceased from	Apr. 26 19	66 10 Ap	r. 23 1966
that (I) (we) lost saw the deceased alive	on April. 2	7 19 6 6 and that	In (my) (our) opinic	n death occurred on the d
and hour and from the causes stated abo				
23A. SIGNATURE	1 ///		A Section 1997	BE DATE SIGNED
23C. PHYSICIAN'S	only Ph	ys. Director P	ny s.	7/21/66
NAME (Type)	M.D			
	4C. NAME OF CEMETERY OF CI		ATION (City,	town, or county) (State)
BURIAL (Specify) 4/29/1966	ROSEdQLE	Bei	-70	mo
25A. DATE REC'D BY HEALTH DEFT. 25B. NA	AMI OF REGISTRAR	SYLVAN S. LEWIS +	SON - 3319	OLYMPIA AUG

in agent General magelial Lithunna However Br. Herry Land Carbed Thronborn MesenTeric Thomboso N 8 33/4 c/m

IMPORTANT FUNERAL DIRECTOR:

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

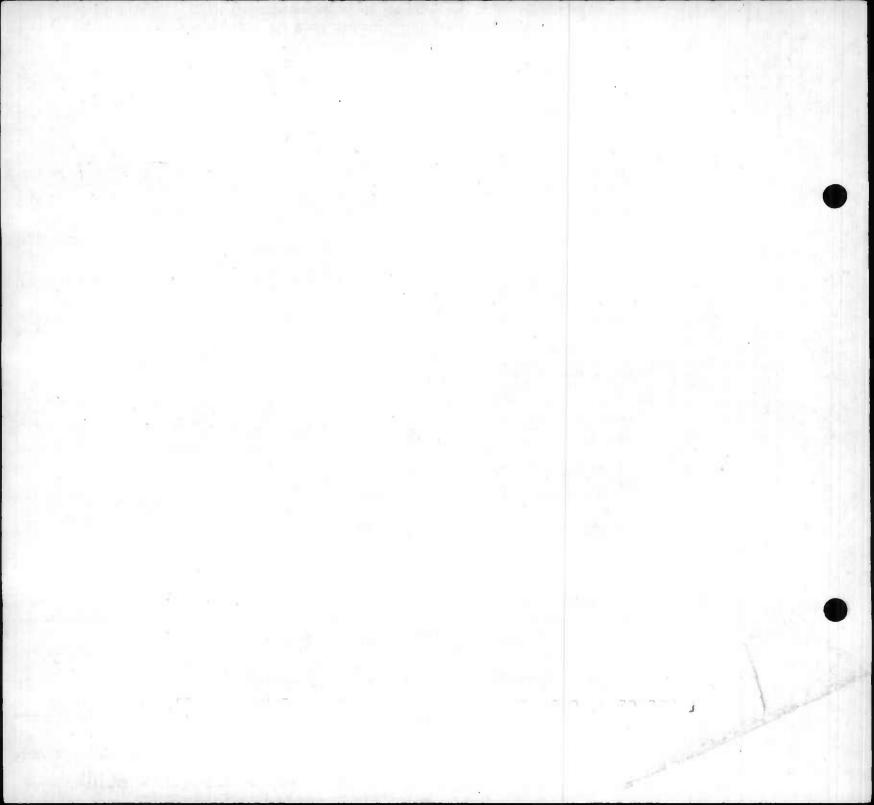
			BALTIMORE CITY	HEALTH DEPARTMENT		()-	
M.I	E. CASE NO.	0435	8 CERTIFICA	TE OF DEATH	Registered Na.	6 04358	
1,1	De or Print) Baby	Girl	Jackson	4/19/1	AND HOUR OF DEATH	PM	
3.	PLACE OF DEATH IN BALTIMORE, MA	RYLAND		100	4	stitution: residence before admission)	
	FULL NAME OF (If not in hospital oddress or location NSTITUTION)	1	c. CITY OR TOWN (II		RURAL ond give township)	
1	Triercy	Hosp		0.00	(If rurol, give location)		
				1337	E. North	avenue.	
5. :	SEX F 6. RACE	7. MARRIED, (WIDOWED	NEVER MARRIED	4-19-66	9. AGE (In years lost birthday)	If Under 1 Yi. II Under 24 Hrs. Months Days Hours Min.	
	SUSUAL OCCUPATION (Give kind of work of during most of working life, even if retired)	10B. KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or for		12. CITIZEN OF WHAT COUNTRY?	
13.	FATHER'S NAME	SOM		14. MOTHER'S MAIDEN N	Thomps	o ►	
15. (Ye	Was Deceased Ever in U. S. Armed For s,no or unknown) (If yes, give war or date	ces?	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS	
	18. 7 7 3. 5 1		CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH	
	DISEASE OR CONDITION DIE	ECTLY	A	em stortu	· Roca Dick		
	(This does not mean the made of heart failure, asthenia, etc. It means						
	injury or camplication which caused	njury or camplication which caused death.)					
		ANTECEDENT CAUSES (8) DUE TO					
	DISEASES OR CONDITIONS, if any, giving see to the above cause (A) stating the (C)						
	JNDERLYING CONDITION lost.						
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
ERTIFICA		DITION FOR V	VHICH OPERATION	20 A. AUTOPSY? (Yes or	No. 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?	
CAL CER	21 A ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21 B. hom etc.)	e, form, factory, street, a	n or about 21C. WHERE DID	(II in Boltimore	e City, give exact lacotion)	
MEDIC	21 D. TIME (Month) (Doy) (Year) OF INJURY (APPROX.)		INJURY OCCURRED Ie At Not Whith At Work		NJURY OCCUR?	. \	
	22. I certify that (IX(this haspital) attended the deceased from 4-19 19 66 to 4-19 19 66,						
	that (1) (we) ast saw the deceased alive an 4-19 19 66 and that in (my) (our) opinian death accurred an the date						
	and have and from the causes state	red abave. (I) (We) (did) (did nat)	view the bady after deat	h.	23B, DATE SIGNED	
	Dinin X X	1, 1	M.D. Att	ending Med. Director	Stoff Phys.	4-19-66	
	23C. PHYSICIAN'S NAME (Type)	She	M.D.	23D. ADDRESS	Hospital		
24	A. BURIAL CREMATION, 248 DATE REMOVAL (Specify)	24C.NA	ME of CEMETERY OF CR	EMATORYA 240.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	îty, town, or county) (State)	
	APR 29	1966-	UNIX	ERSITY MEI	DICAL SCHO	OOL	
25	APRES 9 1966 THE PEPT	258 NAME C	E REGISTRAR	MORTUA	RY SERVIC	E - BCHD	
VS	150-REV. 1/1/65				N		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

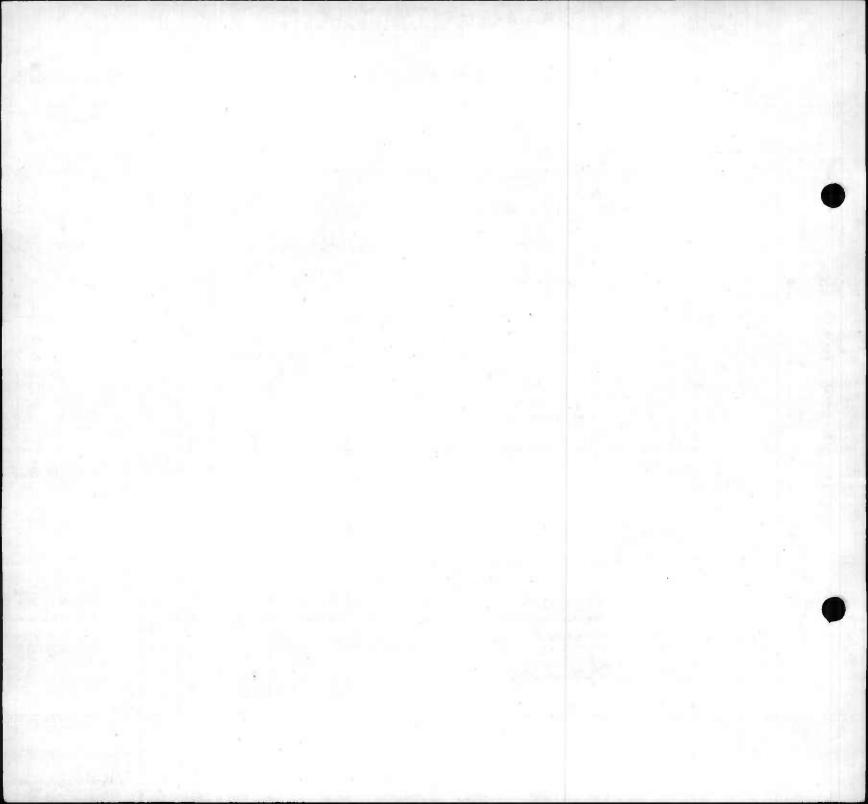
		BALTIMORE CITY	HEALTH DEPARTMENT	00	10=0
	TH NO. 46-07870 66 (143)	CERTIFICA	TE OF DEATH	Registered No. 6	04359
1.1	AME OF DECEASED De or Print)	0	2. DATE AND	HOUR OF DEATH	1310
3.	PLACE OF PEATH IN VALTIMORE MARYLAND	elson	4. USUAL RESIDENCE (Whore A. STATE) B. COUNT	deceosed lived. If institu	ution: residence before admission)
	FULL NAME OF (If not in hospital or institut	ian, give street	A. STATE M. COUNTY	J	26-01
	HOSPITAL OR oddress or location) NSTITUTION		C. CITY OF OWN If outsi	ide city limits, write RUR	AL and give tawnship)
11/	16//2 1 100 212 2 1	11 41	D. STREET ADDRESS II N	eal, give location)	S A
6	MON MEMBEIAL	Hospital	5883W	ancras	D Rel
5. :		WED, NEVER MARRIED WED DIVORCED (specify)	B. DATE OF BIRTH 9.	AGE (In years III	f Under 1 Yr. If Under 24 Hrs. Aanths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 10B, KINE aduring most of working life, even il retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country)	12. CITIZEN OF WHAT COUNTRY?
	6		USA		d5A
13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
15	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	CONNOR	ADDRESS
(Ye	s,no otunknawn) (II yes, give war ar dotes of servi	SECURITY NO.	THE OWN AND THE PROPERTY OF TH		Abolton
	18. 762.51	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	De	spiratory a	most	100
	(This does not mean the mode of dying, heart loilure, ostherio, etc. It means the dise		The state of the s	A A Comment of the Co	/*************************************
	injury or complication which caused death.)	(B) A	RemotuRIT	Y	15
	DISEASES OR CONDITIONS, if any, gi	DUE TO	1		1
	rise to the above couse (A) storing UNDERLYING CONDITION last.		linenary ara	vectors	- Ch
	II				
NO.	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO	TING THE			
ICATI		OR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN	DINGS CONSIDERED
ERTIFIC	WAS PERFORMED		46		465
CALC	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (natify medical examiner)	218 PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n at obout 21 C. WHERE DID	(If in Boltimore Ci	ity, give exact Tocotion)
MEDI	21 D. TIME (Manth) (Day) (Year) (Haur) OF INJURY	21 E INJURY OCCURRED	21 F. HOW DID INJU	RY OCCUR?	
2	(APPROX.)	While At At Work	• 🗆		
	22. I certify that (1) Whis hospital) attend	11 . / 1	. /	6610	19 6
	that (1) (we) lost sow the deceased alive	~		rien(my) (our) opinio	on death occurred on the date
	and how and from the couses stated about	e. Jr) (we) (did) (did not) v	lew the body offer deoth.	23	B. DATE SIGNED
	Lawrence & lang	M.D. Atte	nding Med. S S. Director P	itaff Phys.	4-17-66
1	23C. PHYSICIAM'S NAME (Type)	58	23D. ADDRESS		
	LAWRENCE J. CASAZZA	M.D.	UNION MEMOR	and the same of the same	DELL LEID
24/	REMOVAL (Specily) APR 2 9 1966	C. NAME of CEMETERY OF CRE	ANATUA 1 245.19	CATION CATION	CHOOL (Stote)
25/		ME OF REGISTRAR	UNICVENIER DIRECTOR	HEDICAL S	CHUULDDRESS
		tarbey MA	MORTHARY	SERVICE	- RCHA
VS	150-REV. 1/1/65		The state of the s		



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

and on M	BALTIMORE CITY	Y HEALTH DEPARTMENT				
BIRTH NO. 16-04855 66 34	CERTIFICA	TE OF DEATH	Registered Na.	-11A 94-41		
M.E. CASE NO.	OLIVIII ICA		00	U11000		
1. NAME OF DECEASED (Type or Print)	DV	2. DATE A	ND HOUR OF DEATH	0 5		
3. PLACE OF DEATH IN BALTIMORE MARYLAND	1901	4. USUAL RESIDENCE (Who	1 66	9 00 P. M.		
		A. STATE B. COU	NTY	testatics bolors samesion,		
FULL NAME OF (If not in hospital or institution oddress or location)	on, give street	(11)		1403		
INSTITUTION		C. CITY OR TOWN (If or	itside city fimits, write R	URAL ord give township!		
X1.		D. STREET ADDRESS	rural, give locotion)			
	SPITAL	1810 BA	ing St.	#17 71d.		
5. SEX 6. RACE 7. MARRI WIDO	WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGP (In years lost birthday)	Il Under 1 Yr. Il Under 24 Hrs. Months Doys Hours Min.		
10A, USUAL OCCUPATION (Give kind of work 10B, KIND	OF BUSINESS OR INDUSTRY	11. FIRTHPLACE (State or ford	oign country)	12. CITIZEN OF		
dane during most of working life, even if retired)		mn		WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AAF	010,		
0 .		200	ME			
CLARENCE BRISC		Munerra				
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give war or dates all services)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
[1B. 9]	CAUSE C	OF DEATH		INTERVAL BETWEEN		
DISEASE OR CONDITION DIRECTLY	/)	,	ONSET AND DEATH		
LEADING TO DEATH	(A)	matur	ete	Duck		
(This does not meon the mode of dying, a heart foilute, asthenia, etc. It means the disease	.g., DUE TO					
injuty of complication which coused death.)	,		U			
ANTECEDENT CAUSES	(B) DUE TO		***************************************			
DISEASES OR CONDITIONS, if ony, giv	ISEASES OR CONDITIONS, if ony, giving					
tise to the obove couse (A) stoting UNDERLYING CONDITION lost.	the (C)					
11						
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	THER SIGNIFICANT CONDITIONS CONTRIBUTING					
TO THE DEATH BUT NOT RELATED TO	O THE DEATH BUT NOT RELATED TO THE					
19A. DATE OF OPERATION 19B. CONDITION FO	OR WHICH OPERATION	20A. AUTOPSY? (Yes or N	o) 20B. IF YES, WERE F	INDINGS CONSIDERED		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	WAS PERFORMED			SES OF DEATH?		
U 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21 A. ACCIDENT WAS UNDERLYING 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact facation for CONTRIBUTING CAUSE OF home, form, factory, street, office bldg, INJURY OCCUR?					
DEATH (notify medical examiner)	otc.)	inico biog., INJURI OCCUR:				
Q 21D. TIME (Month) (Doy) (Year) (Hour)	21E, INJURY OCCURRED	21 F. HOW DID IN.	JURY OCCUR?			
OF INJURY (APPROX.)	While At Not Whi					
	Work At Work	1000	3/	(2) (0.00%)		
22. I certify that (I) (this hospital) attende)9 66 ta 7	3/ (9:00 Pin) 19 66		
that (1) (we) last saw the deceased alive of	in3/31/	19 66 and 11	nat in (my) (aur) apin	ian death accurred an the date		
and hour and fram the causes stated above	nd hour and from the causes stated above. (1) (We) (did) (did not) view the body after death.					
23A-SIGNATURE	ASSIGNATURE 23B. DATE SIGNED					
Keth Led &	M.D. Att	ending Med.	Stoff Phys.	3/31/66		
230 PHYSICIAN'S		23D. ADDRESS		/		
NAMETTYPE)	M.D.		int d	6-6-0 D		
24A. BURIAL CREMATION, 24B. DATE 24C	NAME of CEMETERY OF CA	EMATORY 124D. 1	OCATION A CCIT	y, town or county (State)		
REMOVAL (Specify) APR 29 1966		NATUR Y WUR	11.0000 11.71	LA TOTAL TOTAL		
		MINISTRACITY I	EDICAL SI	CH001-		
	E OF REGISTRAR	25C FUNERAL DIRECTO	LUICILL SI	LADDRESS CHILD		
Ar 12 9 1966 Relate.	Taventa	MUKIUA	KG_SERVIC	E BCHB		
VS 150-REV. 1/1/65						



FUNERAL DIRECTOR: IMPORTANT

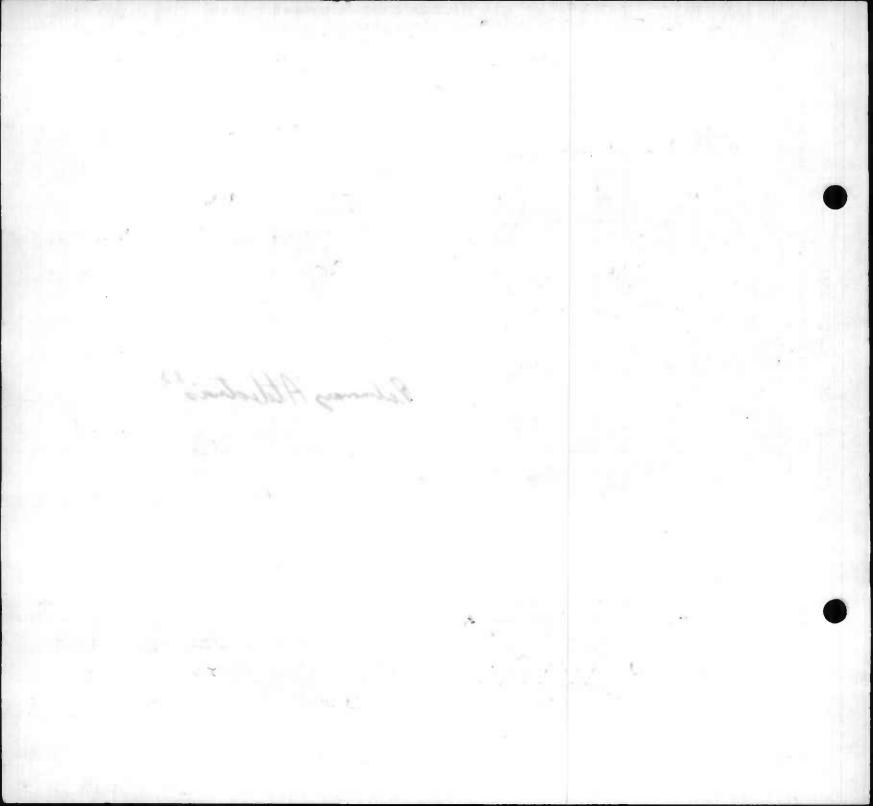
Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner.

	ali I	BALTIMORE CIT	TY HEALTH DEPARTMENT		C 14201 C
BIRTH NO. 60 -0	8906 66	14361 CERTIFICA	ATE OF DEATH	Registered Na.	0 19301
M.E. CASE NO.	SED	,		D HOUR OF DEATH	DD .
(Type of Print) BA	BY GIRL	DREDDEN	THE LISTIAL RESIDENCE (When	166	itution; residence befare admission)
S. FLACE OF BEAT	H IN BALLIMORE MARIEN		A. STATE B. COUN	TY	1700
FULL NAME OF HOSPITAL OR	(If not in hospital or inst address or location)	itution, give street	C. CITY OR TOWN (If gut	side city limits, write RU	IRAL end give township)
INSTITUTION			4134 Strip	1 0 0/	mple
M	CREY 1	HOSPITAL	D. STREET ADDRESS (III	tural, give lacation)	
	,	ARRIED, NEVER MARRIED	B. DATE OF BIRTH		16 H-1 3 V- 16 H-1 24 H-1
我午	N	IDOWED, DIVORCED (specify)	4/24/66		If Under 1 Yr. If Under 24 Hrs. Manths Doys Hours Min.
	ATION (Give kind of work) 108. It in the street of the str	SIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
			-Ba U.S	· A ·	4-8-4-
13. FATHER'S NAME			aluce	Dredde	22
	ver in U. S. Armed Forces? If yes, give wor or dates of s	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
18. 7 7 6	XI	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	OR CONDITION DIRECTLE	Υ	Prenaturi	tea	19 / 10110
(This does not	meon the made of dying		Junavara	9	110000
	sthenia, etc. It means the d lication which caused death				
1A	NTECEDENT CAUSES	(B)	, 10 week was an		200 2
	CONDITIONS, if any, above cause (A) sloting				
	CONDITION lost.	ng The (C)		. *************************************	000000 00000 000 000000000000000000000
E TO THE DEA	CANT CONDITIONS CONTR				
19A. DATE OF C	OPERATION 198. CONDITION WAS PERFORMI	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No	10 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
U 21A. ACCIDENT	WAS UNDERLYING DING CAUSE OF	218. PLACE OF INJURY (e.g., home, form, factory, street, etc.)	office bldg., INJURY OCCUR?	(If in Boltimore	City, give exact lacation)
O 21 D. TIME	Manth) (Day) (Year) (Ha	ul) 21 E. INJURY OCCURRED	21 F. HOW DID INJ	URY OCCUR?	
(APPROX.)		While At Wark At War			
22. I certify ti	hat (1) (this hospital) atte	ended the deceased from	4/24	1966 ta Y	1966
that (I) (we) I	ast saw the deceased ali	ve an 4/25	19 6 and the	at in(my) (aur) apini	an death accurred an the date
		pave. (I) (We) (dld) (dld nat)	view the body after death.		
23A. SIGNATURI	R P	M.D. A	ttending Med.	Stoff Stoff	23B. DATE SIGNED
23C. PHYSICIAN	La P. Ac	rlanco PI	hys. Director 23D. ADDRESS	Phys.	4/2//66
NAME (Typ		M.F	Most	Hospital .	Bullo 2/202
24A. BURIAL CREM	ATION, 24B. DATE	24C, NAME of CEMETERY OF C	REMATORY - 1940, U	OCATION.	town or county) (State)
REMOVAL (Sp.	ecify) APR 291	965 IOHAI	C HODELING ME	CDICII CC	11004
25A. DATE REC'D B	Y HEALTH DEPT. 258.	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	CUILAL SC	ADDRESS
ADD 9	9 1966 PD B	& Fr. Count	MORTUARY	SERVICE .	- BCHB
V\$ 150-REV. 1/1/65	a law Up/Ge/J	T. C. Constant	1 4 7 6 10		

5- 20 p 1 2 W +5 and a second

FUNERAL DIRECTOR: IMPORTANT

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. and (of death Deceased the 66 M.E. CASE NO. (5) Decease 2. DATE AND HOUR OF DEATH (Type or Print) BAB BOLNER) LO 11:45 a hospital death. 3. PLACE OF DEATH IN BALTIMORE MARYLAND USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) B. COUNTY attendance CGUSO FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (4) Undetermined cause; 10 BALTIMORE prior Union Memorial D. STREET ADDRESS (If rural, give location) contributing occurred 16 is made. regular 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED Hours deceased WIDOWED, DIVORCED (specify) lost birthdoy) 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF disposition death WHAT COUNTRY? done during most of working life, even if retired) = nion Memorial Was the 13. FATHER'S NAME MOTHER'S MAIDEN NAME direct assistant if death no 15, Was Deceased Ever in U. S. Armed Forces? SOCIAL 17. INFORMANT kind or final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance any CAUSE OF DEATH INTERVAL BETWEEN pronounced ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed of LEADING TO DEATH fracture (This does not mean the mode of dying, e.g., telectoria R.S. heart foilure, asthenia, etc. It means the disease, regular examiner. injury or complication which caused death,) ANTECEDENT CAUSES who are DISEASES OR CONDITIONS, if ony, the above cause (A) stating the physician remains UNDERLYING CONDITION last. the chief medical Was burns; medica CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING physician TO THE DEATH SUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the (2) Body 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes of Ho) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 before by 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) where hospital °N DEATH (notify medical examiner) etc.) nature; MEDIC by obtained 21 D. TIME (Doy) (Yearl (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY approved (except While At Not While F (APPROX.) Work At Work and the any 22. I certify that the (this hospital) attended the deceased from 1966 10 99 thor (we) lost sow the deceosed olive an.... 19.66 ond that in (mo) (our) opinian death occurred on the dote of death) hospital and hour and from the causes stated above. (We) (did) (didnet) view the body after death. was released must An accident 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. M.D. 0 written approval Phys. Director 0 23 D. ADDRESS 23 C. PHYSICIAN'S certificate prior to NAME (Type) D.O.A. 24B. 24A. BURIAL CREMATION, eceased the body REMOVAL (Specify) shows: Mas 25C. FUNERAL DIRECTOR 25B. NAME OF REGISTRAN ADDRESS 70 VS 150-REV. 1/1/65



FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

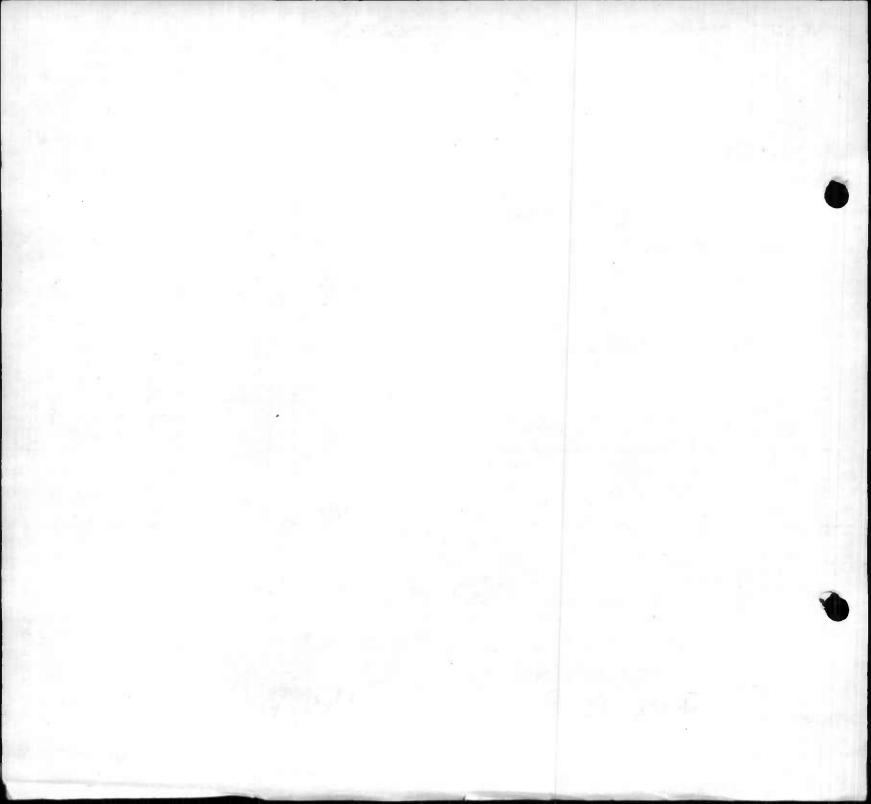
	BALTIMORE CITY	HEALTH DEPARTMENT	1	(1)
M.E. CASE NO. 10-081/18 66 134	363 CERTIFICA	TE OF DEATH	Registered No	b +4363
TINAME OF DECEASED (Type of Print) BABU GISL	BrEEding	2. DATE AN	24, 1966	8:05 Pm.
	mortal Hosp.	A. STATE B. COUN	TINCE WILL	Man V-13
3377778672	MICE.	D. STREET ADDRESS (III		cl
F W WIDE	RIED, NEVER MARRIED DWED, DIVORCED (specify) LUE MATTIEC	B. DATE OF BIRTH 1' AOT 24, 466	9. AGE (in years tost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of wark 10B, KIN dane during most of warking life, even if retired)	NONE	11. BINTHPLACE (Stote or fore) M.A. A. MOTHER'S MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHERS NAME RONALD BIEEdin	'G		OAST	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dotes of serv	SECURITY NO.	17. INFORMANT		ADDRESS
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the made of dying,	CAUSE O	live Memb	CARE DI	INTERVAL BETWEEN ONSET AND DEATH
heart lailure, osthenia, efc. It means the disc injury ar complication which coused death.) ANTECEDENT CAUSES	(B) DUE TO	EMATURITY		
DISEASES OR CONDITIONS, if any, gines to the above cause (A) stating UNDERLYING CONDITION lost.	-	,	/	X nc
OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO				
TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	FOR WHICH OPERATION	20A. AUTO/SY? (Yes or No		E FINDINGS, CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (natily medical examiner)	21B PLACE OF INJURY (e.g., in home, form, factory, street, all etc.)	n ar about 21 C. WHERE DID frice bldg., INJURY OCCUR?	(II in Baltima	are City, give exact lacation)
21D. TIME (Manth) (Doy) (Year) (Mauth OF INJURY (APPROX.)	21E INJURY OCCURRED While At Nat While At Work	21 F. HOW DID INJ	URY OCCUR?	
22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive and hour and from the causes stated above	on Atprzy	19 66 ond th	19 66to not in(my) (our) o	Afr 24 19 6 h. pinion death occurred on the date
23A. SIGNATURE Collect Co. Thomas 23C. PHYSICIAN'S NAME (Type) ROBERT	fer- Phy	s. Director	House Staff Phys. A	24 Apr 1966
Robert G. T	homes cemeren by cen	EMATORY I DO 240-1	EMOTINE OCATION (City, town, or contry) (State)
	ME OF REGISTRAR	250 FUNERAL DIRECTOR	V CEDU	ADDRESS
VS 150-REV. 1/1/65	a leu M. M.	MURIUAK	I SEKVI	CE BCHB

Trader T. Au. 52

was D.O.A. at a haspital (except where the physician who pronaunced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be abtained before the remains are embalmed ar final dispassition is made. the body was released to the haspital by a medical examiner. Also, if the direct or contributing cause of death shaws: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner ar his assistant if death occurred in a haspital and IMPORTANT FUNERAL DIRECTOR:

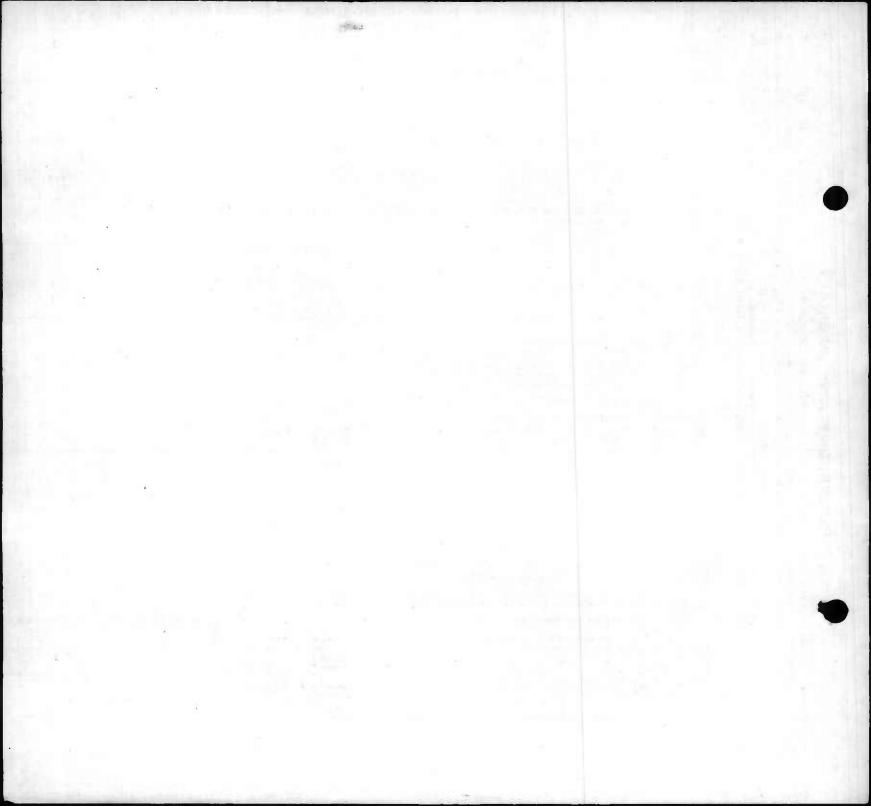
VS 150-REV. 1/1/65

		BALTIMORE CIT	Y HEALTH DEPARTMENT	(0.4001
	BIRTH NO. 16-6835466 ()	4364 CERTIFICA	TE OF DEATH	Registered No.	U4354 7
	M.E. CASE NO.	0	2. DATE AN	D HOUR OF DEATH	-
- 11	(Type or Print) BABY BOY	BURKE	4-2	1-66-10	17,10 AM.
	3. PLACE OF DEATH IN BALTIMORE, MAI	YLAND		e deceased lived. Il instit	rution: residence before admission)
	FULL NAME OF (If not in hospital address or location	or institution, give street	C. CITY OR TOWN (If outs	ALTIMORE side city limits, write RUI	RAL and give township)
	UNIVERSITY OF	mary and 11-	BACTIMOR	E	
21	dio lo cicaliti	TITLY CITUD MOSPITA	D. STREET ADDRESS (IF 1	ural, give location)	
6			2607 SPE	LMAN KD.	
E	5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) WEUER MARKEE	8. DATE OF BIRTH 9	ost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Annths Doys Hours Min.
2	10A. USUAL OCCUPATION (Give kind of work	108. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreig	gn country)	12. CITIZEN OF
dispasition	done during most of working tile, even if retired)	NONE	Maguera		WHAT COUNTRY?
+	NONE	N 070 E	MARY CAND	A.E.	USA
BC			and the second s		
2	HERBERT BURK	3	SHIRLEY	Locus	/
	15. Was Deceased Ever in U. S. Armed Fore (Yes, no or unknown) (If yes, give war or date:	es? 16. SOCIAL S of service) SECURITY NO.	17. INFORMANT		ADDRESS
final	No.	NONE	HOSPITHL CH	AKT	
	1B. => \$		OF DEATH	,	INTERVAL BETWEEN
ב	DISEASE OF CONDITION DIE				ONSET AND DEATH
0	LEADING TO DEATH	HT	ALECTASIS		20 hr
E	(This does not mean the mode of	dying, e.g., DUE TO	100000000000000000000000000000000000000		
balmed	heart failure, asthenio, etc. It means	dooth			
E	ANTECEDENT CAUSES	(B)	2 EMAIUNITY		
		DUE TO	acessassassas baa√acaessas su edtas cumpapasaa nas∫en		
are	DISEASES OR CONDITIONS, if a				
	UNDERLYING CONDITION lost.	310 mg			
remains	11				
E	O OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING			
7	TO THE DEATH BUT NOT RELA				
the	19A. DATE OF OPERATION 198. CON	DITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN	DINGS CONSIDERED
	19A. DATE OF OPERATION WAS PERF	ORMED	YES	IN CERTIFIING CAUS	ES OF DEATH:
before	OR CONTRIBUTING CAUSE OF	218. PLACE OF INJURY (e.g., home, lorm, foctory, street, etc.)	in or about 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore C	ity, give exact location)
	<u>U</u>				
ained	W OF INTHEY	(Hour) 21E INJURY OCCURRED	21 F. HOW DID INJU	URY OCCUR?	
=	(APPRDX)	While At Not Wh			
bto	22. I certify that (V) (this hospital			olela - APR	1621 1966.
D	that (I) (we) last saw the decease	A COLL 21			
pe		/		at In (my) (per) apinio	in death accurred on the dote
st	ond hour and from the couses stat	ed above, (1) (We) (did) (did not)	view the bady after death.		
must	23A SIGNATURE R	1			38. DATE SIGNED
	Jager M. 80	M.D. At	tending Med. Director	Stoff Phys.	4-21-66
approval	230. PHYSICIAN'S	0	23D. ADDRESS		
Dr.C	9010-10	M.D	1 1111166	L YTLX	INC PITAL
d l	24A. BURIAL CREMATION, 248. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LC	CATION - A LINE	ortil a county) (State)
2	REMOVAL (Specily)	1966	EAUXY DOUBLE	OF MARIE,	AIND COMP
written	APRA	TO SU	NE HODVINE M	IEDICHI CO	HOOL
E	25A. DATE REC'D BY HEALTH DEPT.	25B. NAME OF REGISTRAR	1250 EU NERAN IDIRECTOR	2007777	ADDRESS
3	APR 29 1966 R.C.	In E Stables Mill	MUNIUAKI .	SEKAICE -	Reith

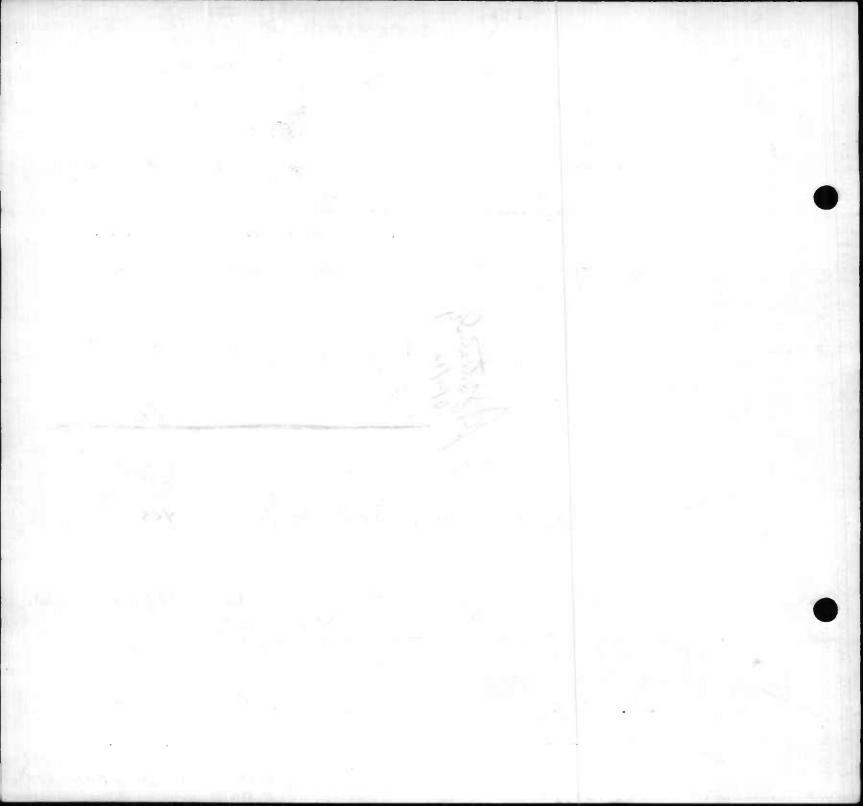


FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and
the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🧷
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written approval must be obtained before the remains are embalmed or final disposition is made.

BIRTH NO. 66-08364 66 1143	BALTIMORE CIT	Y HEALTH DEPARTMENT	66 04365
BIRTH NO. 46 00 00 747 71-93 M.E. CASE NO. 32-71-93 I. NAME OF DECEASED	CERTIFICA	ATE DEATH Registered I	No
1, NAME OF DECEASED	00	2. DATE AND HOUR OF DEA	
Type of Pant) Boly Boy C	assoll	19/24/66	00,
. FLACE OF DEATH IN BACHMORE, MARILA	NO	4. USUAL RESIDENCE/(Where deceased lived. A. STATE B. COUNTY	If institution: rosidance before odmissio:
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)		C. CITY OR TOWN (If outside city limits, w	rite RURAL and give township)
University has	mbal of Mel	Baltemore 71 2	
and all the	0	D. STREET ADDRESS (If) rurol, give location)
miserry		2602 Tourd	-
	ARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthday) 10 /2 3/66	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B.	X	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)		Baldimore	C.S.A.
13. FATHERS NAME		14. MOTHER'S MAIDEN NAME	
		Joan Maria	Carroll
S. Wos Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yos, give wor or doles of	servico) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Mathr 2602 Ro	und Rel Balt. Md 2a
18.976 X I	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTI	.Υ	0 1	
(This does not mean the mode al dyin	g, e.g., DUE TO	Prematurely	10/2/10
heart foilure, asthenia, etc. It means the injury ar camplication which caused deat		V	
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, il any,	giving		
rise to the above cause (A) state UNDERLYING CONDITION last,	ng the IC)		
11			
OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
DISEASE OR CONDITION CAUSING IT.		20A. AUTOPSY? (Yes or No) 20B. IF YES, W	FOR FINISHOS CONSIDERED
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM		IN CERTIFYING	CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING	218. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Bolt	imoro City, givo exact location)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	etc.)	office bldg., INJURY OCCUR?	
OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
(APPROX)	White At Not What Work At Work	nile D	
22. I certify that (I) (this hospital) att		4/23/66 19 10	4/24/66 19
		19and that fn(my) (aur)	
and haur and from the causes stated a	bove. (I) (We) (did) (did nat)	view the body after death.	
23A. SIGNATURE	. ,		23B. DATE SIGNED
D. Abelil Kor		ttending Med. Stoff Phys.	4/24/66
23C. PHYSICIAN'S NAME (Type)	V	23D. ADDRESS	
D. ABDUL-LA	TIF AND	130 Mais . Hosp. B	OK 1019
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY & C	REMATORY & APO 124D LOCATION A / A A	(City, Jowing of county) (Stote)
8.67 47	66 JGH	NS HOPKINS MEDICAL	SCHOOL
	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	3 CITO LODRESS
APR 29 1966 (12.25)	E. Jarber M. B.	MORTUARY SERVICE	RCHD
VS 150-REV. 1/1/65	43		



-500	66 B4366 BALTIMORE CITY HEALTH DEPARTMENT
	BIRTH NO. CERTIFICATE OF DEATH Registered No.6 114366
The second	M.E. CASE NO. 1, NAME OF DECEASED 2, DATE AND HOUR OF DEATH
O D C	(Type or Print) De Houng John 1130 Am 4/27/66
± + 0 0 €	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
10	A. STATE B. COUNTY C'
4 000	FULL NAME OF (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write, RURAL and give township)
10 de 10	INSTITUTION)/
in But	2 downs thopas those 1 D. STREET ADDRESS (If rurol, give, location)
	Battimore 5 Md. 6310 Elmore Aug
- 2 0 D	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Ys., II Under 24 Hrs.
printing ge	WHOOWED, DIVORGED (specify) 1-1-08 lost birthdoy) 8 Months Doys Hours Min.
o o o o o o o o o o o o o o o o o o o	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
in economic	done during most of working life, even if refired) Mechanic Southern Sales Co. Sheboygan Wis. WHAT COUNTRY? U.S.A.
Sitie	Mechanic Southern Sales Co. Shebaygan Wis. U.S.A.
www.	
0	Cornelinas DeYoung 😸 🥇 Marie VänKreeke Vanderkreeke
nd nd	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of unknown) (If yes, give wor or dotes of service) 17. INFORMANT ADDRESS
コンワマニニ	No 396 01-8566 Mrs Aurelia DeYoung 6310 Elinore Avenue
9 + 5 D D L	18. CAUSE OF DEATH
ל סר הם	DISEASE OR CONDITION DIRECTLY TO ONSET AND DEATH
Als	(This does not mean the made at dying, e. Due to
7 . 50 . 0	heart laiture, asthenia, etc. II means the disease.
E 0 0 0 - C	injury or complication which caused death.) & Black Hatery Scherose
E = + 0 00 0	ANTECEDENT CAUSES
X D 4 3 F F	DISEASES OR CONDITIONS, if any, giving rise to the abave cause (A) stating the
(3 e	UNDERLYING CONDITION last,
lico cal cal icici as	
edi ys ys	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE LIBERTS OF CONDITION CAUSING IT.
T T T T T T T T T T T T T T T T T T T	
hie od od sic	WAS PERFORMED IN CERTIFYING CAUSES OF DEATH?
hy by	Harring Strate 120 yes
the (2	21A. A CODENT WAS UNDERTING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Bultimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR?
CE 3.E 7.D	
E S 0	OF INJURY
n n n n n n n n n n n n n n n n n n n	(APPROX.) Work At Work
the ny ex an	22. I certify that (1) (this haspital) attended the deceased from 7/2 1966 to 1966.
4 0 L	that (1) (we) lost sow the deceased alive an 4/27 1966 and that in (our) apinion death accurred an the date
d o t	and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
st has en	23A SIGNATURE 23B. DATE SIGNED
ho o	M.D. Attending Med. Stoff Phys. Director Phys.
9 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	23C. PHYSTCIAN'S NAME (Type) 23D. ADDRESS
An at	R. W. Bridge M.D. Johns tooking tooking tooking
	24A, BURIAL CREMATION, 24B, DATE 24C, NAME of CEMETERY of CREMATORY 24D, LOCATION (City town of county) (Stole)
er ()	REMOVAL (Specify)
s cos	
This the sho was dec	APR 29 1966 P. a. G. E. Farbural Lassah Junual Hone 7401 Belan Por
	II TITLE Z SE INDOMECIA LE SECUE BIZZANOMIENE BIZZANOMIENE BIZZANOMIENE BIZZANOMIENE
	s certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital a body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of dea ws. (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on teased prior to death. Su ten approval must be obtained before the remains are embalmed or final disposition is made.



	BIRT	н но. 66 О	436	BALTIMORE CITY	TE OF DEATH	Registered Na.	66 (14367
		. CASE NO.		CERTIFICA			
	(Тур			ARIAN MARGARE	T AP	RIL 27, 1	966 6:45 Am.
	3. P	LACE OF DEATH IN BALTIMORE, MAR	YLAND		4. USUAL RESIDENCE (Whe	re deceased lived. If	institution: residence before admission)
	H	ULL NAME OF (If not in hospital of oddress or location		on, give street	MARYLAND	BIALTO Atside city limits, write	RURAL ond give township)
	1	NSTITUTION			BALTIMORE	PATONIA	111115 5340
A	11	ST. AGNES	HOS	SPITAL		rural, give location)	VILLE
6/	U	ore name.	, 1102	ZI I I AL	5 OVERHILL	RD. #28	
Ö	5. S	EX 6. RACE		ED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.
is mad		FEMALE WHITE		RRIED (specify)	12-23-16	49	Months Doys Hours Min.
		USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	10B, KIND	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
0	done	HOUSEWIFE	NC	NE	MARYLAND		U.S.A.
180	13. [FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
disposition	E	EDWARD H. DUNKE	R		MARIAN i	SCOTT	7.0
	15. V	Was Deceased Ever in U. S. Armed Force, no or unknown) (If yes, give wor or dote:	es?	e) 1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
tinal	,,,,,,	NONE	01 301710	212-09-698	O ST. AGNES	HOSPITAL	RECORDS
		18. () () ()		CAUSE O	-	11001 TTAL	INTERVAL BETWEEN
0		XUIX			, other		ONSET AND DEATH
0		DISEASE OR CONDITION DIR	CILY	Rose	Marray Woll	Ou	Parket
		(This does not mean the mode of	dyina, e	Q. DUE TO	The word extension	77	
Palm		heort failure, asthenia, etc. II means	the diseo	50,	manow leffus Leuko peina and	- (browbotz)	opena
em em	1	injury or complication which coused	death./	Hod	Palaines Sus	eare	
		ANTECEDENT CAUSES		DUE TO			
are		DISEASES OR CONDITIONS, if					
		rise to the above cause (A) UNDERLYING CONDITION last,	stoting	the (C)			
		11					
the remains	NOIL	OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELA DISEASE OR CONDITION CAUSING 17	TED TO	TING Colibaci	lemia		
he	ICA	19 A. DATE OF OPERATION 198. CON	OTTON FO	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	o) 208. IF YES, WERE	FINDINGS CONSIDERED
	RTIF	WAS PERF	ORMED			IN CERTIFYING C.	AUSES OF DEATH?
before	L CE	21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examined)		218. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID	(If in Boltimo	ore City, give exoct locotion)
	O						
ained	LMI	21 D. TIME (Month) (Doy) (Year) OF INJURY		21E. INJURY OCCURRED	21F, HOW DID IN.	JURY OCCUR?	
51	8	(APPROX.)		While At Not While At Work	•		
bto		22. I certify that (I) (this hospital)	attende	d the deceased from M	ARCH 28	19 66 to AP	RIL 27 19 66,
0				ADD II 27	66		
Pe		that (I) (we) last saw the decease	olive o	on/	19ond th	nat in (my) (aur) ap	oinian death accurred on the date
		and haur and fram the causes stat	d abave	. (I) (We) (did) (did not) v	riew the body ofter death.		
must		23A. SIGNATURE	11/2				23B, DATE SIGNED
-		//////	1/eusa	M.D. Atte	s. Med.	Stoff Phy s.	
>		23C. PHYSICIAN'S	-		23D. ADDRESS		#29
approval		NAME (Type)	(M.D.	ST. AGNES HO	SPITAL . CA	TON & WILKENS AVE
b	244	BURIAL CREMATION, 248. DATE	10.40	NAME OF CEMETERY OF CR			
	ZAM.	REMOVAL (Specify)	, 240	A TAME OF CEMEIERT OF CR	240, L	OCATION (City, town, or county) (State)
Written	3	URIAL 4/29/6	6 /	OUDDA TA	PK 3	ALTIMORE	- ML.
	25A		25B. NAM	E OF REGISTRAR	25C. FUNERAL DIRECTO	R	FOLL APPRESS 121
}		APR 29 1966 (R.C.)	7E.	tarbey M.D.	E.S. MAINE	428 301	FIRE DENIER IST
1	VS 1	150-REV. 1/1/65	-		-12/1/10/8/	2	11228

4

0.0

shows:

body

66 114368 BALTIMORE CITY HEALTH DEPARTMENT 66 04368 Registered No. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED 17/4 (Type or Print) April 27, 1966 10:00 PA

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
STATE

B. COUNTY George Russel
3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF Maryland HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION South Baltimore General Hospital Baltimore 30 D. STREET ADDRESS (If rural, give location) 1213 Light Street, Baltimore 30 1118 Carroll Street Maryland 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. Hours : Min. If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy White Male Married IDA USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces!
(Yes, no or unknown) (If yes, give wor or dates of 17. INFORMAN ADDRESS SOCIAL wor or dotes of service) SEGURITY NO. CAUSE OF INTERVAL BETWEEN ONSET AND DEATH ROVED DISEASE OR CONDITION DIRECTLO LEADING TO DEATH Bronchopmuemonia (This does not mean the mode of heort foilure, osthenio, etc. Il meons the diseose injury or complication which coused death. 18 1st to 3rd Degree Burns 28.5 % ANTECEDENT CAUSES 2 DISEASES OR CONDITIONS, if ony, Tglving the___ the obove couse UNDERLYING CONDITION Iosi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Congestive Heart Failure DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOFSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 218. PLACE OF INJURY (e.g., in or about 27C. WHERE DID Ü 21 A. ACCIDENT WAS UNDERLYING WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) Home DEATH (notify medical examiner) 1118 Carroll St., Baltimore 30, Md. MEDIC 21 D. TIME 21F. HOW DID INJURY OCCUR? (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED Patient was smoking OF INJURY Not While While At (APPROX.) April 19, 1966 A.M. Work in bed when bed sheets caught fire. 22. I certify that (1) (this hospital) attended the deceased fram April 19 19 66 to April 27 19. 66 that (I) (we) last saw the deceased alive an April 27 and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the body ofter deoth, 23A, SIGNATURE 23B. DATE SIGNED Attending Phys. Med. Stoff April 28, 1966 Director Phys. 23C. PHYSICIAN'S 23D. ADDRESS approv NAME Lype Baltimore 30 Mc Consolador G S.B.G.H 24C. NAME of CEMETERY OF CREMATORY 24A. SURIAL CREMATION, 24B. DATE eceased REMOVAL (Specify) written

258. NAME OF REGISTRAR 25A. DA 25 Co FUNERAL DIRECTOR VS 150-REV, 1/1/65



I would be strong than

Acres 1 July 19

IMPORTANT DIRECTOR: FUNERAL

of death (5) Deceased

hospital

uo.

ance

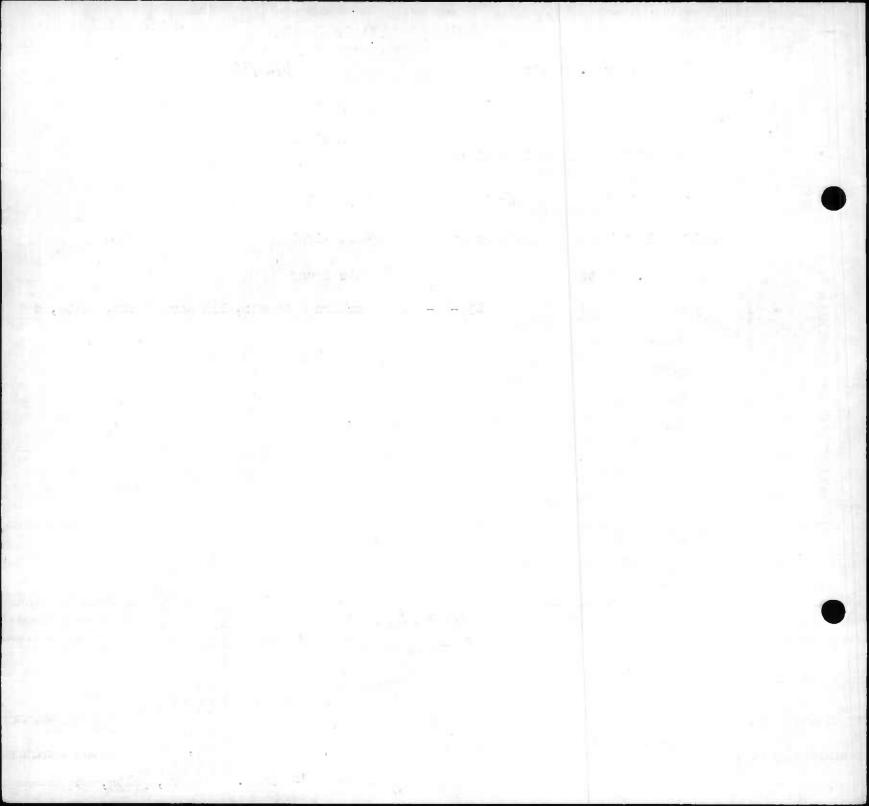
eath.

10

contributing cause Undetermined cause; attend prior occurred made. regular deceased death disposition = SD the direct 4 3 eath OD kind; final attendance any pronounced 0 Also, embalmed of fracture regular who are 4 (3) physician the remains Was medical burns; physician Body the 0 before (2) 919 to the hospital °N nature; 3 obtained 9 approved pt pub exce) any eath); of hospital must the body was released accident certificate must O 10 approva 0 prior at An D.O.A. ceased shows: Was

66 1430:1 BALTIMORE CITY HEALTH DEPARTMENT Registered Na. CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4/26/66 James T. Sheets 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE
B. COUNTY FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or lacation) (If outside city limits, write RURAL and give township) INSTITUTION Baltimore
D. STREET ADDRESS (If rural, give location) South Baltimore General Hospital 11h Warren Ave 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years S. SEX If Under 1 Yr. Il Under 24 His. Months Days Houis WIDOWED, DIVORCED (specify) lost birthdoyl 12/25/21 Married Male White IGA, USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? West Virginia Self Employed Auto Sales USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas M. Sheets Etta Young 15. Was Deceased Ever in U. S. Armed Forces ADDRESS 17. INFORMANT (Yes, no or unknown) (III yes, give war ar dates al service) SECURITY NO. 235-30-8585 Barbara M Sheets, 114 Warren Ave, Balto, Md WWILL yes CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above couse (A) stating the UNDERLYING CONDITION Iosi, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20 A. AUTOPSY? (Yes or No) WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID home, farm, foctory, street, office bldg., INJURY OCCUR? (II in Baltimare City, give exact lacation) DEATH (natily medical examiner MEDIC (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX) At Work Wark 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an and that in(my) (aur) apinion death accurred on the date and haur and from the causes stated above. (1) (WE) (dld) (dld nat) view the body after death. 23A. SIGNATURE 238 DATE SIGNED Attending Phys. coudo Med. Stafl Director 23 C. PHYSICIAN'S 23D. ADDRESS NAME (Type) ZADA 24A, BURIAL CREMATION, 248, DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specily)

Burial 1/29/66
25A. DATE REC'D BY HEALTH DEPT. Baltimore National Cemetery Ba 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Baltimore, Md ADDRESS McCully's 130 E. Fort Ave, Balte, Md VS 150-REV, 1/1/65

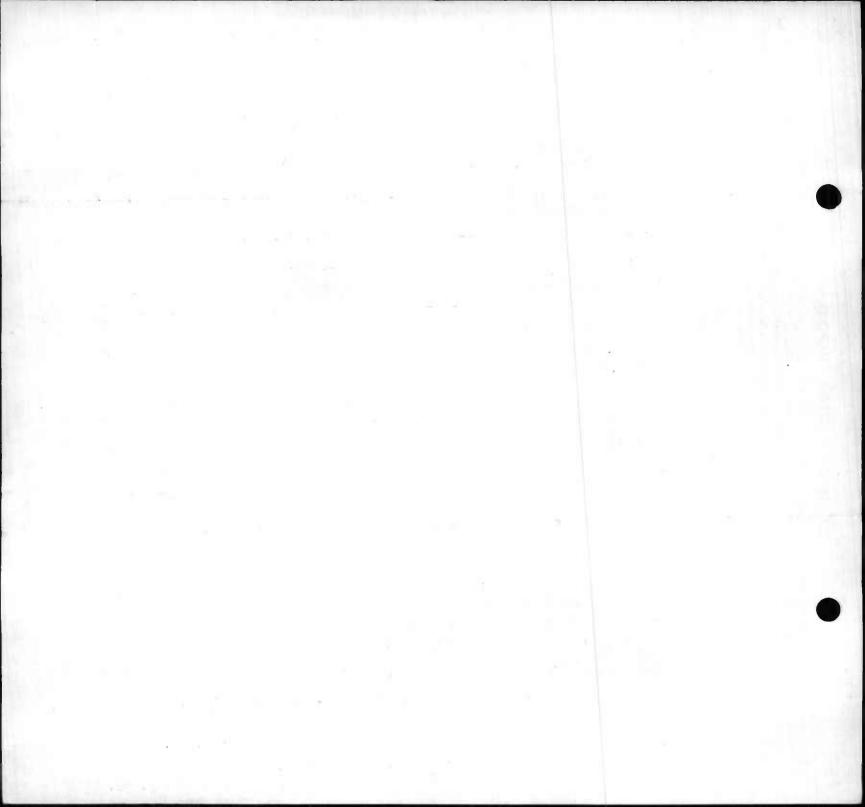


VS 150-REV. 1/1/65

a hospital and

		A CAPTER Y	HEALTH DEPARTMENT	
	BIRTH NO. GE 114	CERTIFICA	TE OF DEATH Registered No.	66 04370
	1. NAME OF DECEASED (Type or Print) Anna Polly	t Woods	2. Date and hour of death April 26, 1966	2 p
	3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	4. USUAL RESIDENCE (Where deceased lived, If A. STATE B. COUNTY	institution: residence before odmission)
	FULL NAME OF (If not in hospital or ins HOSPITAL OR address or location)		Maryland C. CITY OR TOWN (If outside city limits, write	RURAL ond give lownship)
1	Long Green Nu	-	Baltimore	53-00
9	115 E. Melros		D. STREET ADDRESS (If rural, give location)	
de.	Baltimore, Md		5810 Gwyn Oak Avenue	
is mad	Female White	Widowed (specify)	Sept. 27, 1886 79	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?
siti	Homemaker		Baltimore, Md.	USA
disposition	John Bittel		Mary Herbig	
9	15. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17 INFORMANT	ADDRESS
final	(Yes, no or unknown) (If yes, give wor or dotes of	service) SECURITY NO. 212-01-2945		r-in- law)
	18. // / / /	CAUSE OF	2804 Maryland Ave. Balto.	INTERVAL BETWEEN
0	DISEASE OR CONDITION DIRECT	LY O		ONSET AND DEATH
peu	LEADING TO DEATH	(A) Orek	Sol Alleartoge	Sadden
palm	(This does not meon the mode of dyin heart failure, asthenio, etc. It meons the injury or complication which caused deat	diseose,	Ind Neworkoge Omnay edewn udeo Vosse I Deas	ol '
E	ANTECEDENT CAUSES	(B)	1. Vosco Des	- Carne
0	DISEASES OR CONDITIONS, if any,	giving	Exteres Schriss	
וא מ	rise la the obove couse (A) state UNDERLYING CONDITION lost.	ing the (C)	White 3 Miles	
remain	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.			
e the		ON FOR WHICH OPERATION	20 A. AUTOPSK? (Yes or No.) 20 B. IF YES, WERE IN CERTIFYING C.	FINDINGS CONSIDERED AUSES OF DEATH?
before	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY(e.g., in home, farm, foctory, street, of etc.)		re City, give exact location)
70	21D. TIME (Month) (Doyl (Year) (Ho	our) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
aine	OF INJURY (APPROX.)	While At Not While At Work		2.21
opto	22. I certify that (I) (this hospital) att	ended the deceased from	Oct 10 1964 to a	10 16 1966.
pe	that (I) (we) last saw the deceased al	ive on apr 26	1966 and that in(my) (our) ap	nian death accurred on the date
st	and have and fram the causes stated a	bave. (I) (We) (did) (did nat)	iew the bady after death.	
must	23A. SIGNATURE			23B. DATE SIGNED
- 8	- to ont	Phys		Opr 27-66
pproval	23C. PHYSICIAM'S NAME (Type) George McLe		Medical Arts Bildg.	
dp	24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY or CRE	MATORY 24D. LOCATION 10	City, town, or county) (State)
ritten	Burial 4/29/1966			
writ	25A. DATE REC'D BY HEALTH DEPT. (25B.	NAME OF REGISTRAM	25C. FUNERAL DIRECTOR Eugenia K. Seitz 5209	York Road

M.D. ts Bligg. 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Loundon Park Cemetery Baltimore, Md. 25C. FUNERAL DIRECTOR Eugenia K. Seitz Seitz Funeral H ADDRESS 5209 York Road Balto, Md. 21212



BALTIMORE CITY HEALTH DEPARTMENT 66 04371 Registered No. BIRTH NO. CERTIFICATE OF DEATH pital and of death Such t or contributing cause of death Undetermined cause; (5) Deceased M.E. CASE NO. 2, DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) LO April 25, 1966 MARY ELIZABETH hospital AKEHURST 4. USUAL RESIDENCE (Where docoosed lived. If institution: residence before edmission) 3. PLACE OF DEATH IN BALTIMORE MARYLAND ance Maryland FULL NAME OF (If not in hospital ar institution, give stroot HOSPITAL OR address or location) (If autside city limits, wifto RURAL and give township) attend 0 INSTITUTION Baltimore prior 819 Pontiac Ave. D. STREET ADDRESS (If rural, give location) occurred made. 819 Pontiac Ave. regular 5. SEX 7. MARRIED, NEVER MARRIED 6. RACE B. DATE OF BIRTH 9. AGE (In yours If Under 1 Yr. deceased Months Doys WIDOWED, DIVORCED (specily) lost birthdoy) Female Dec. 9, 1876 White widowed disposition is 10A. USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF death Ë done during mast of warking life, even if retired) England Housewife Was 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME the 4 assistant if Bridget Slater John T. Malloy IMPORTANT eath 0 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT 6. SOCIAL final (Yes, no ar unknown) (III yes, give wer or dates of service) SECURITY NO attendance No Thomas J. Akehurst - same any CAUSE OF DEATH pronounced 0 DISEASE OR CONDITION DIRECTLY embaimed of LEADING TO DEATH fracture (This does not mean the made of dying, e.g., hearl failure, asthenia, etc. It means the disease, the chief medical examiner regular DIRECTOR: injury or complication which caused death,) who ANTECEDENT CAUSES GILB 4 DISEASES OR CONDITIONS, if ony, giving 3 rise to the above cause (A) stating the physician UNDERLYING CONDITION last. obtained before the remains Was burns; FUNERAL CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. Body 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION the 8 WAS PERFORMED (2) 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID hame, lorm, foctory, street, office bldg., INJURY OCCUR? where to the hospital å DEATH (notily medical examiner) nature; MEDIC (Month) |Day) (Year) 21E INJURY OCCURRED 9 21 F. HOW DID INJURY OCCUR? OF INJURY Not While (except While At IAPPROX.) and At Wark Wark any 22. I certify that (1) (this hospital) attended the deceased from 1965 that (1) (we) lost saw the deceased alive on. of death) hospital the body was released and hour and from the causes stated above. (1) (We) (did) (did not) view the body ofter death. (1) An accident 23A. SIGNATURE must Attending X M.D. Med. Staff prior to Phys. Director ___ written approval 0 23 C. PHYSICIAN'S 23D. ADDRESS at NAME (Type) Samuel Rubin. M.D. D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION eceased REMOVAL | Specify shows:

Was

INTERVAL BETWEEN ONSET AND DEATH 20A. AUTOPSY? IVes of No. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? III in Baltimore City, give exect location) ond that In (my) (our) apinion death occurred on the date 23B. DATE SIGNED April 25, 1966 201 E. Patapsco Ave., Baltimore 25, Md. (City, tawn, ar county) Apr. 28, 166 Cedar Hill Cemetery Ritchie Hgwy., A.A.Co., Maryland 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR George J. Gonce - 4001 Ritchie Hgwy. Baltimore, Md. 21225 VS 150-REV, 1/1/65

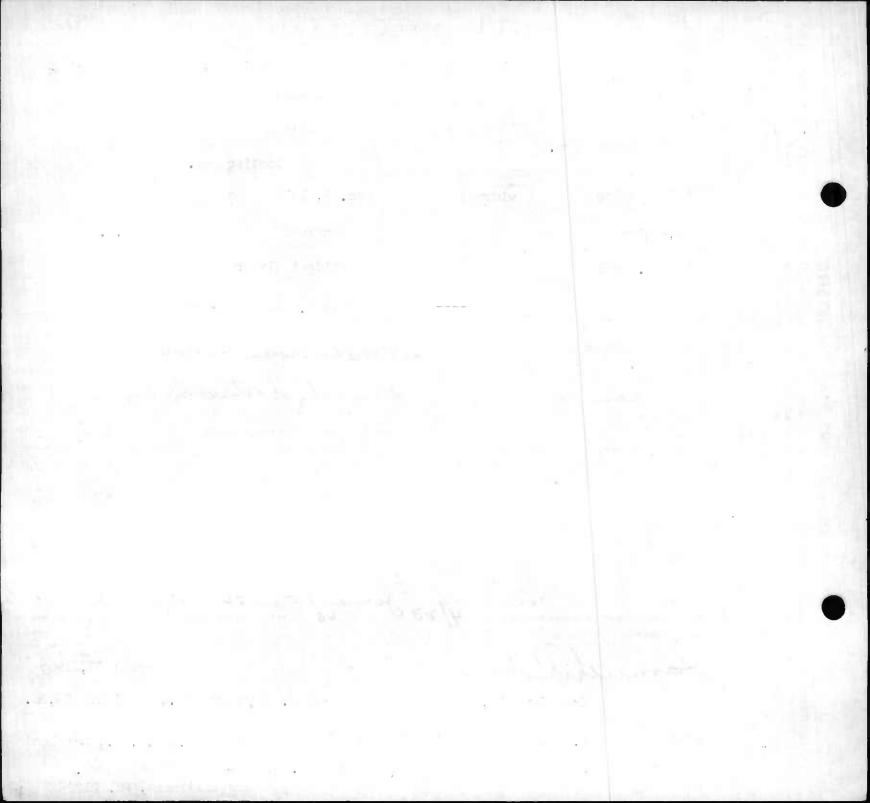
If Under 24 Hrs.

Hours

WHAT COUNTRY?

ADDRESS

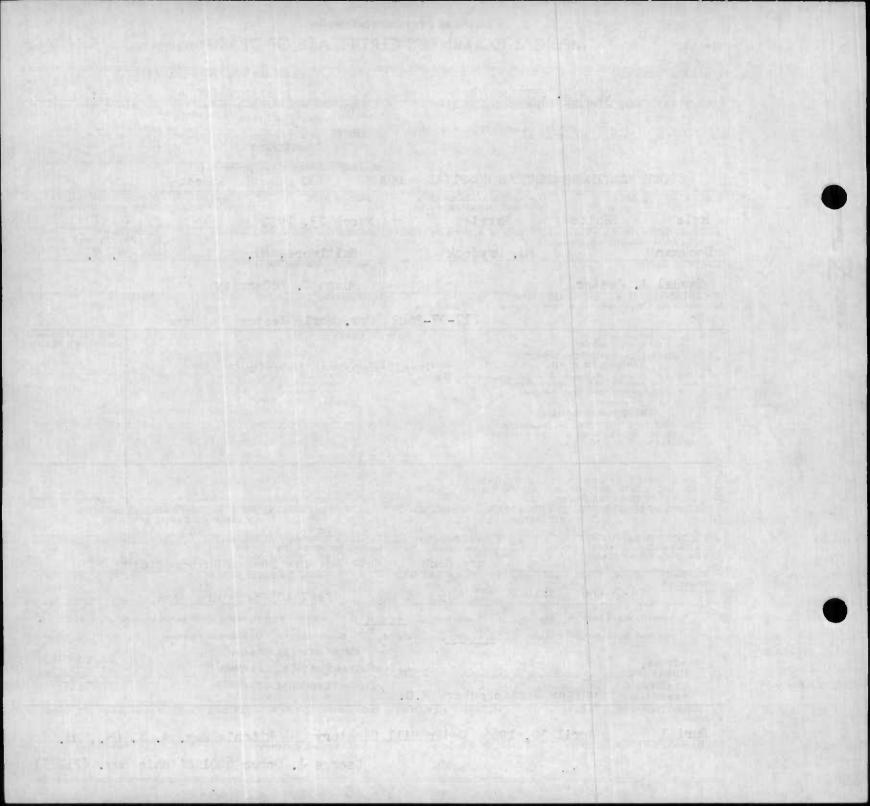
U.S.



(0 43/2		BALTIMORE CITY HEAL				66	04372
BIRTH NO. MED	ICAL EX	KAMINER'S C	ERTIFICAT	E OF D	EATH Register	red Na	
M.E. CASE NO.							
1. NAME OF DECEASED				2. DATE AND	HOUR PRONOUNCE	D DEAD	
JOHN E.				April	26, 1966	1	3:50 P
3. PLACE IN BALTIMORE, MARYLAND, W	HERE PRONO	UNCED DEAD	IIA. STATE		occosed lived. If insti	tution: reside	nce before admissi
FULL NAME OF (IF NOT IN HOSPIT	AL OR INSTIT	UTION, GIVE STREET		ryland			
HOSPITAL OR ADDRESS OR LOCA	ATION)	onon, or te ornee,			corporate limits, mile	RURAL ond	give township)
			Da	ltimore	9	-5	OY
COUNTY DATE OF COMME			D. STREET ADDRE				
SOUTH BALTIMORE G	ENERAL	HOSPITAL - DO	A 38	24 Seco	nd Street		
5. SEX 6. RACE		NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years		Yr. If Under 24 H
Male White		DIVORCED (specify)	Wanah 02	1000	1.1	Months	loys Hours Min
IOA. USUAL OCCUPATION (Give kind of work		rried	March 23	tote or foreign	46	12. CITIZEN	I OF
done during most of working life, even if retired)							COUNTRY?
Dockman	Md. D	rydock	Baltimo	ore, Md.	•	U	. S.
			14. MOTHERS MA	IDEN NAME			
Samuel J. Jeeter				C. McGai	rrity		
15. WAS DECEASED EVER IN U.S. ARMED (Yes, no or unknown), (If yes, give wor or doto		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS	
No		217-07-2642	Mrs. Dori	s Jeets	er Same		
118.			OF DEATH	10 066 06	or Danie	11	NTERVAL BETWEE
= 7 0x 15		0.70 32	OI DEATH				ONSET AND DEAT
DISEASE OR CONDITION DI LEADING TO DEATH		Crania	, aawabwa1	de desert o			
(This does not meon the mode of heart failure, asthania, etc. It means		DUE TO	-cerebral	injurie			
heart failure, asthonia, etc. It means injury or complication which coused	the disease, death.l					11-5	
ANTECENDENT CAUSE		(B)		0 + 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
DISEASES OR CONDITIONS, IF A	TATING THE	DUE TO					
UNDERLYING CONDITION LAST.		(C)					
6		()		***************************************			
OTHER SIGNIFICANT CONDITIONS	CONTRIBUTI	NG					
TO THE DEATH BUT NOT RE	LATED TO						
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING TO A DATE OF OPERATION 198, CON WAS PER		WHICH OPERATION	DOA AUTOBEVS	(V N-) 12	OB. IF YES, WERE FIN	IDINGS CO	ALGIDERED
WAS PER		WHICH OFEKATION	20A. AUTOFST?		N CERTIFYING CAUS		
ZIA, EXTERNAL CAUSE WAS	210	DI ACE OF INTURY (yes	HERE DID (III	yes		-C-N 20 11
UNDERLYING TOR CONTRIB-	home	PLACE OF INJURY (e.g., e, form, foctory, street, c	ffice bldg., INJURY	OCCUR?	in bolimore City, git	re exoci loco	9 0
O UNING CAUSE OF BEATH.	otc.)	dry dock	Md.	Dry Doc	k & Ship Bu	ilding	Co.
21 D TIME (Month) (Doy) (Yeo	r) (Hour)	11E. INJURY OCCURRED	21 F. HO	M DID INJUR	Y OCCUR?		
	:10 Pm.	WHILE AT AT W	WHILE Fel	1 40' f	rom dry doc	k	
22.				_			
1 certify that I held an 1			apsy X and	that an this	basis, death In m	y apinian	
resulted fram: Natural ca	uses	Accident X Suicid	Hamicid	e Ur	ndetermined manne	er	
	5 5	9-7 (/ CHIEF ME	DICAL EXA	MINER		DATE SIGNED
ACTUAL	Most	lerCMD	ASSISTANT ME	DICAL EXA	MINER X		DATE SIGNED
SIGNATURE EXAMINER'S	1		ASSOCIATE ME				4-27-66
NAME (Type) Rudiger	Breite	necker, M.D.	/ ME				
23A. BURIAL CREMATION, 23B. DATE	23	C. NAME OF CEMETERY	CREMATORY	23 D. LO	CATION (City,	lown, or cou	unty) (Stotel
REMOVAL (Specify)	-						
Burial April	30, 196	of Cedar Hill	Cemetery	RIT	chie Hwy.	A. A.	DRESS Md.

APR 29 1966 @ 0 ... F & Farluma
VS 151-REV. 1/1/65 __ 8 3

George J. Gonce 4001 Ritchie Hwy. (21225)



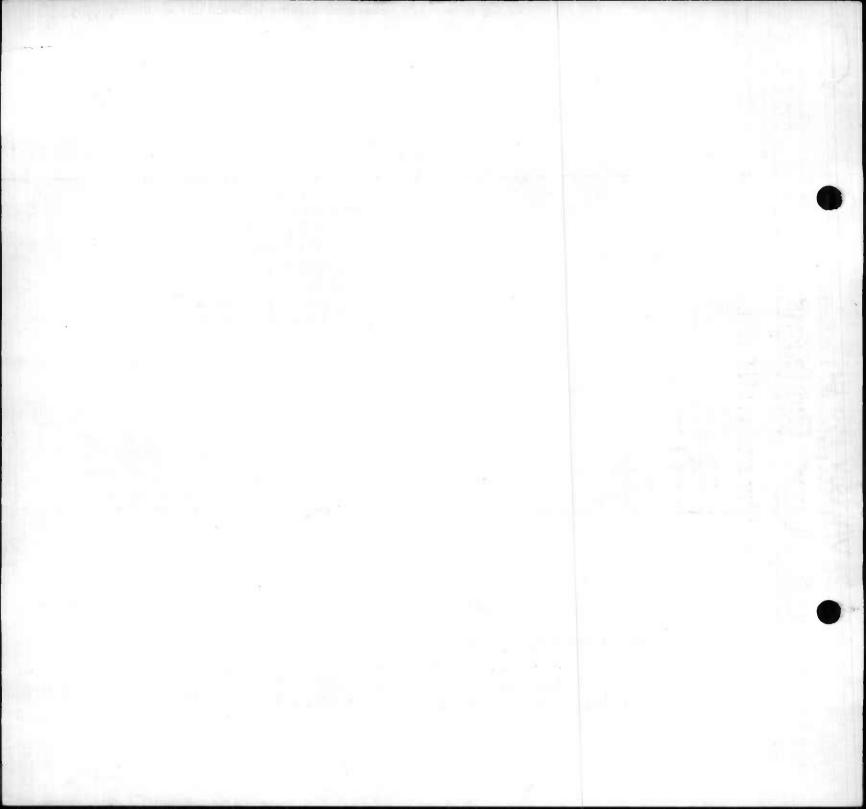
a hospital and

66	t	A	12	7:3	
00	-	I. I	()	111	

66 (4.57)	ATE OF DEATH Registered No.
M.E. CASE NO.	ATE OF DEATH
(Type of Print) Albert Estee	2. DATE AND HOUR OF DEATH APRIL 27, 1966 50.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address ar lacation) INSTITUTION	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
Mantoholla Hosp.	D. STREET ADDRESS (If rural, give location) 611 W. Mulberry 54.
S. SEX M 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (Specify)	B. DATE OF BIRTH 6-25-1897 9. AGE (In years If Under 1 Yr. If Under 24 His G-25-1897 lost birthdoy) G. Months: Doys Haus Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR dane during most at working life, even if setired)	RY 11. BIRTHPLACE (State at fateign country) (alifornia 12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME TUlly Estee	Lucinda Weaven
15, Was Deceased Ever in U. S. Armed Faices? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 074-14-6395	17. INFORMANT 19 Hospital Chart - ADDRESS
	OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY	Prabotes Mellitus- years
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	jabotes mellitus years
heart failure, astheria, etc. It means the disease,	
injury at camplication which coused death,) ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	
rise to the obave cause (A) stoting the (C)	
UNDERLYING CONDITION last.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
O THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g.,	office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) While At Work	
22. I certify that (1) (this hospital) attended the deceased from that (1) (we) lost sow the deceased alive an April 2	April 20 19 66 to April 27 19 66 27 19 66 and that in(my) (aur) apinian death accurred on the da
and have and from the causes stated above. (1) (We) (did) (did not)	
23A. SIGNATURE	238. DATE SIGNED
	Attending Med. Staff Phys. Capail 27. 1966
23C. PHYSICIAN'S NAME (Type) COSG R. V. PELLQRAY OF MO	Honte Gello to spirt and
24A. BURIAL CREMATION, REMOVAL (Specify), PART 2 9 1368 AME of CEMETERY or C	CREMATORY 24D. LOCATION (City, town, or county) (State) LIOPKINS MEDICAL SCHOOL
APR 29 1966 (22 258. NAME OF REGISTRAL	MORTUARY SERVICE - BCHD

VS 150-REV. 1/1/6S

MORTUARY SERVICE



		66	043/			HEALTH DEP				
BIRTH		00	(1.XC)	CER	TIFICA	TE OF [DEATH	Registered	No	4374
1. NA	CASE NO.	7	0 11:		10	1 /	2. DATE AN	D HOUR OF DE	ATH	
(Type	or Print)	Mad	oline-	X	Plan	sick!	Cipri	26/66	2	
3. PL	ACE OF DEATH IN B	ALTIMORE, MA	RYLAND		CCV		SIDENCE (When	e deceosed lived.	. If institution	n: residence before or
- Fu	III ALAAF OF UI			and the same		A. STATE	BYCOUN	IY	/	2,01
HC	OSPITAL OR od	not in hospital a		give sireer	1	C. CITY OR T	OWN , (If out	side city limits, v	write RURAL	ond give township)
S.IN	ISTITUTION	0-	21 1	Lassi	tel	19	140	- 24		52-00
7	101	, cryn	en IV	7		D. STREET AD	DRESS (If	rural, give location	n)	
						1248	Oly	te all	le	
5. SE)	6. RACE	2		NEVER MARE		B. DATE OF BI		9. AGE (In years lost birthdoy)	If Un	nder 1 Yr. If Under
	+,	45.	W	LAIN	ed	alua 2	6/91	7	4	
	USUAL OCCUPATION		10B, KIND OF	BUSINESS OF	RINDUSTRY	11. BIRTHPLAC	E State or forei	gn country)		THE OF
//	during most of working life	s, even if refired)	Dim	Han	0	0	ML		1 4	52
	ATHERS NAME		LEW M	110110		14. MOTHER'S	MAIDEN NA	AE _	1	
	12	1-n	Tu.	10-1		my 1	asol	COMO	19	
15 W	os Deceased Ever in U	J. S. Armod For	111	1 6. SOCIAL		17. INFORMAN	ya wi	any		ADDRESS
	no or unknown) (If yes,			SECURITY	NO.	1/	7		00	1
						Henry	mell	0,248	all	for all
11	B.41.22.1				CAUSE OF	DEATH			X	ONSET AND DE
	DISEASE OR C		RECTLY			_		•		
	LEADIN	G TO DEATH		(,	A) GA	1.4. 03.06	Notice 7	andio-Vas	· Vis	
1 1	This days not been	the seeds of	Automotive and	2		ALUMAN BOL				
	(This does not meon heart failure, asthenia			Ü	OUE TO	ALCIDO. ECE				
1		, etc. It means	the disease,	ï	OUE TO	2000.00		, ,		4 /
1	heart failure, asthenia injury or complication	, etc. It means	the disease, deoth.)	(1	B) G	enesaly	id as	brince	nio	Unhana
1	heart failure, asthenia injury or complication	, etc. It means which coused DENT CAUSES	the disease, deoth.)	(1)	B) GOVE TO	enesoly	id as	ardio vas	nio	Unhana
i	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A)	the disease, deoth.)				is ar		nio	Knhnon
i	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A)	the disease, deoth.)						ais	Nahaos
	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost.	the disease, deoth.) ony, giving stating the						ais	Kahaas
NOL	heart failure, asthenia, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH I	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost.	the disease, deoth.) ony, giving stating the ONTRIBUTIN	G					nú	Unhans
ATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH IDISEASE OR CONDITI	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A) DITION lost. I CONDITIONS C BUT NOT RELAON CAUSING I	the disease, deoth.) ony, giving stating the ONTRIBUTINITED TO THE	G E	C)					Makaras. GS CONSIDERED
ATION	heart failure, asthenia, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH I	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A) DITION lost. I CONDITIONS C BUT NOT RELAON CAUSING I	the disease, death.) ony, giving stating the ONTRIBUTIN TO THE TO THE TO THE TO THE TREE TO THE TREE TRE	G	C)				/ERE FINDIN	Makaras. GS CONSIDERED DE DEATH?
CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH IN THE D	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A) DITION lost.	the disease, death.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITION FOR YOUR MED	G E WHICH OPERA	C)	20A. AUTO	PSY? (Yes or No	208. IF YES, W	VERE FINDING	GS CONSIDERED PE DEATH?
CERTIFICATION	heart failure, asthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITI	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I' ION 198. CON WAS PERF	the disease, death.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITION FOR YOUR MED	G E WHICH OPERA	C)	20A. AUTO	PSY? (Yes or No	208. IF YES, W	VERE FINDING	OF DEATH?
ICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH IN DISEASE OR CONDITION TO THE DEATH IN DISEASE OR CONDITION TO THE OF OPERATION TO THE OF OPERATION TO THE OPERATION TO	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I' ION 198. CON WAS PERF	the disease, death.) ony, giving stating the ONTRIBUTIN. TED TO TH T. DITION FOR VORMED	G E WHICH OPERA	C)ATION NJURY (e.g., in	20A. AUTO	PSY? (Yes or No WHERE DID RY OCCUR?	208. IF YES, WIN CERTIFYING	VERE FINDING	OF DEATH?
MEDICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OR CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I' ION 198. CON WAS PERF	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO THE TO THE TO THE TED T	G E E WHICH OPERA	ATION NJURY (e.g., inry, street, off	20A. AUTO nor about 21C. INJU	PSY? (Yes or No	208. IF YES, WIN CERTIFYING	VERE FINDING	OF DEATH?
MEDICAL CERTIFICATION	heert foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH IN DISEASE OR CONDITION THE OF OPERATION THE OPERATION TH	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I' ION 198. CON WAS PERF	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO THE TO THE TO THE TED T	G E WHICH OPERA PLACE OF IN. 10. foctor INJURY OCC	C)ATION NJURY (e.g., in	20A. AUTO or obout 21C. fice bldg., INJU	PSY? (Yes or No WHERE DID RY OCCUR?	208. IF YES, WIN CERTIFYING	VERE FINDING	OF DEATH?
MEDICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OR CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if e cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I' ION WAS PERF UNDERLYING CAUSE OF examiner)	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITION FOR TO THE CONTRIBUTION FOR THE CO	G E WHICH OPERA PLACE OF IN. Pe. form, foctor INJURY OCC	ATION NJURY (e.g., in ry, street, off CURRED Not While At Work	20A. AUTO n or about 21C, fice bldg., INJU	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	O 208. IF YES, W IN CERTIFYING (If in Bol	/ERE FINDING CAUSES O	OF DEATH?
MEDICAL CERTIFICATION	heert foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UNDERLYING COND OTHER SIGNIFICANT TO THE DEATH I TO THE DEATH (notify medical DEATH (Notify me	, etc. It means which coused DENT CAUSES IDITIONS, if cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION WAS PERF UNDERLYING CAUSE OF examiner) (abic hospital	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH T. DITION FOR 1 O'ORMED (Hour) 21E, Wh. Wo.) attended t	GE WHICH OPERA PLACE OF IN. ne, form, foctor INJURY OCC. ile At the deceosed	ATION NJURY (e.g., in ry, street, off CURRED Not White At Work	20A. AUTO nor about 21G. injudice bldg. INJU	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	O 208. IF YES, WIN CERTIFYING (If in Bol	VERE FINDING CAUSES O	give exect locotion)
MEDICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OF CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if excause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (CAUSE OF examiner) (Abis hospital with decease	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off Not While At Work from	20A. AUTO or about 21C. fice bidg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	O 208. IF YES, WIN CERTIFYING (If in Bol	VERE FINDING CAUSES O	give exect locotion)
MEDICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OF CONTRIBUTING CONDITION OR CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if excause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (CAUSE OF examiner) (Abis hospital with decease	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off Not While At Work from	20A. AUTO or about 21C. fice bidg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	O 208. IF YES, WIN CERTIFYING (If in Bol	CAUSES O	give exact location) 19 eoth occurred an
MEDICAL CERTIFICATION	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OF CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if excause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (CAUSE OF examiner) (Abis hospital with decease	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off At Work from	20A. AUTO for about 21C. fice bldg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	O 208. IF YES, WIN CERTIFYING (If in Bol	VERE FINDING CAUSES O	give exect locotion) 19 eoth occurred an
MEDICAL CERTIFICATION 5.2 9.0 14.0 15.0 16.0 17.0 18.0 19.	DISEASES OR CONTISE TO THE DEATH IN DISEASE OR CONDITION THE DEATH IN DISEASE OR CONDITION THE CONTINUE (Month) DEATH (notify medicol DE	, etc. It means which coused DENT CAUSES IDITIONS, if excause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (CAUSE OF examiner) (Abis hospital with decease	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off CURRED Not White At Work from	20A. AUTO nor about 21C. fice bldg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	OF IN (my)	VERE FINDING CAUSES O	give exect locotion) 19 eoth occurred an
MEDICAL CERTIFICATION 5.2 9.0 14.0 15.0 16.0 17.0 18.0 19.	heort foilure, osthenio, injury or complication ANTECEI DISEASES OR CON rise to the above UN DERLYING COND OTHER SIGNIFICANT TO THE DEATH I DISEASE OR CONDITION OF CONTRIBUTING CONDITION OR CONTRIBUTING CONTRIB	, etc. It means which coused DENT CAUSES IDITIONS, if excause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (CAUSE OF examiner) (Abis hospital with decease	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off CURRED Not White At Work from	20A. AUTO for about 21C. fice bldg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJI and the ofter deoth.	208. IF YES, W. IN CERTIFYING (If in Bol URY OCCUR? 966	CAUSES OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CAUSE OF	give exect locotion) give exect locotion) 19 19 19 19 19 19 19 19 19 1
MEDICAL CERTIFICATION 5.2 9.0 14.0 15.0 16.0 17.0 18.0 19.	DISEASES OR CONDITION OF THE DEATH IN DISEASE OR CONTRIBUTING DEATH (notify medical DEATH (not	, etc. It means which coused DENT CAUSES IDITIONS, if a cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (Day) IYear) (this hospital with decease the couses state of the couses of the couses state of the couses of the couses state of the couses of the cous	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE ONLY ON THE ONL	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off CURRED Not White At Work from	20A. AUTO nor about 21C. fice bldg., INJU 21F.	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJ	208. IF YES, W. IN CERTIFYING (If in Bol URY OCCUR? 966	VERE FINDING CAUSES O	give exect locotion) give exect locotion) 19 19 19 19 19 19 19 19 19 1
MEDICAL CERTIFICATION	DISEASES OR CONDITION OF THE DEATH IN DISEASE OR CONDITION OF THE DEATH IN THE	, etc. It means which coused DENT CAUSES DENT CAUSES IDITIONS, if a cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (Day) IYear) (ahis hospital with decease the couses state of the couses state of the couses state of the cause of the causes state of the cause of the causes state of the cause of the causes state of the cause of the	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH. T. DITON FOR YOUR HOLD ON THE WAY HE WAY HOLD ON THE WAY HE WAY	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off At Work from	20A. AUTO Tor about 21C. fine bidg., INJU 21F. 19 66 iew the bady nding 32D. ADDRESS	WHERE DID RY OCCUR? HOW DID INJ and the ofter deoth. Med. Director	208. IF YES, W. IN CERTIFYING (If in Bol URY OCCUR? 966	CAUSES OF TIME CAUSES	give exect locotion) give exect locotion) 19 19 19 19 19 19 19 19 19 1
MEDICAL CERTIFICATION See 19 10 10 10 10 10 10 10 10 10 10 10 10 10	DISEASES OR CONDITION OF THE DEATH IN DISEASE OR CONDITION OF CONTRIBUTING OF CONTRIBUTING OF CONTRIBUTING OF INJURY (APPROX.) 22. I certify that (1) (and last savent of the condition	, etc. It means which coused DENT CAUSES DENT CAUSES IDITIONS, if a cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (Day) IYear) (ahis hospital with decease the couses state of the couses state of the couses state of the cause of the causes state of the cause of the causes state of the cause of the causes state of the cause of the	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH T. DITION FOR YOUR CONTRIBUTION OF THE CONTRIBUTION OF TH	WHICH OPERA PLACE OF IN ie, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off At Work from	20A. AUTO Tor about 21C. fine bidg., INJU 21F. 19 66 iew the bady nding 32D. ADDRESS	WHERE DID RY OCCUR? HOW DID INJ and the ofter deoth. Med. Director	OF THE STATE OF TH	CAUSES OF TIME CAUSES	give exect locotion) 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION	DISEASES OR CONDITION OF THE DEATH IN DISEASE OR CONTRIBUTING DEATH (notify medicol of the property o	, etc. It means which coused DENT CAUSES DENT CAUSES IDITIONS, if a cause (A) DITION lost. II CONDITIONS C BUT NOT RELA ON CAUSING I ION 198. CON WAS PERF (Day) IYear) (ahis hospital with decease the couses state of the couses state of the couses state of the cause of the causes state of the cause of the causes state of the cause of the causes state of the cause of the	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH T. DITION FOR YOUR MADE ON THE TOTAL TED TO THE T. Who wo attended to dive on ted obove. (I	WHICH OPERA PLACE OF IN ie, form, foctor INJURY OCC ille AI the deceosed	ATION NJURY (e.g., in ry, street, off At Work from	20A. AUTO fice bidg., INJU 21F. 21F. 19.66 iew the bady 23D. ADDRESS 23D. ADDRESS	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJI	OF THE STATE OF TH	CAUSES OF TIME CAUSES	give exect locotion) 19 19 19 19 19 19 19 19 19 19 19 19 19
MEDICAL CERTIFICATION 7.00 1	DISEASES OR CONDITION OF THE DEATH IN DISEASE OR CONTRIBUTING DEATH (notify medicol of the property o	Letter be be coused bent cause (A) of the coused bent cause (A) of the cause of	the disease, deoth.) ony, giving stating the ONTRIBUTIN. TED TO TH T. DITION FOR YOUR MADE ON THE TOTAL TED TO THE T. Who wo attended to dive on ted obove. (I	WHICH OPERA PLACE OF IN te, form, foctor INJURY OCC ille AI the deceosed (We) (did)	ATION NJURY (e.g., in ry, street, off At Work from	20A. AUTO fice bidg., INJU 21F. 21F. 19.66 iew the bady anding 23D. ADDRESS 927 MATORY	PSY? (Yes or No WHERE DID RY OCCUR? HOW DID INJI	OF THE STATE OF TH	CAUSES OF TIME CAUSES	give exect locotion) give exect locotion) give exect locotion) 19 19 20 ATE SIGNED 21 21 21 21 21 22 23 24 25 26 26 27 28 28 28 28 28 28 28 28 28

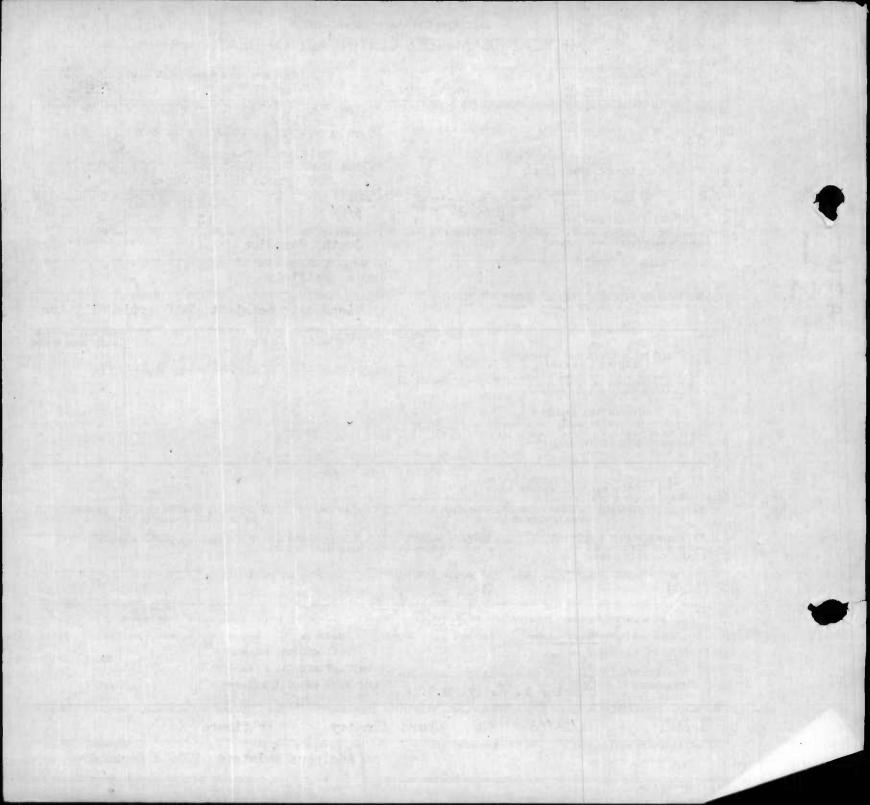
VALUE OF THE PARTY The same of the sa 446 35 1

M-252

BALTIMORE CITY HEALTH DEPARTMENT

66 (4375

BIRTH NO. MEDICA	AL EXAMINER'S C	ERTIFICATE	OF DEATH Regist	ered No.
1. NAME OF DECEASED (Type or Print) HANNAH	McKNIGHT		pril 25, 1966	CED DEAD 6:15 P
HOSPITAL OR ADDRESS OR LOCATION	OR INSTITUTION, GIVE STREET (1)	A. STATE Maryla	nd f outside corporate limits, writere	stitution: residence before admission UNTY
Provident Hospital			ruid Hill Aven	u e
	MARRIED, NEVER MARRIED OWED DIVORCED (specify)	5/6/ 17	9. AGE (In years lost birthdoy)	Months, Days, Hours, Min
ton, USUAL OCCUPATION (Give kind of work 10B	KIND OF BUSINESS OR INDUSTR	South Car		12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	?	Annie Hatfie		
15. WAS DECEASED EVER IN U.S. ARMED FO Yes, no arunknown) (If yes, give wor or dotes of		17. INFORMANT MissBessie	e McKnight 200	ADDRESS Druid Hill Ave
(This does not meon the mode of dy heart failure, asthenia, etc. It means the injury or camplication which caused death ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, RISE TO THE ABOVE CAUSE (A) STATH UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITIONS CO	GIVING (B)	TOSCIETOCIC	Cardiovascular	D L SCORE !
ZIA. EXTERNAL CAUSE WAS		No	Or No. 20B. IF YES, WERE FIN CERTIFYING CAU	USES OF DEATH?
OF INJURY (APPROX.) 22. I certify that I held an Inqui resulted fram: Natural cause: ACTUAL SIGNATURE	m. WORK AT V TY Inspection Suicion Suicion Suicion S. Petty, M.D.	while or and that tapsy and that de Hamicide CHIEF MEDIC ASSISTANT MEDIC	on this basis, death in Undetermined mannate EXAMINER AL EXAMINER AL EXAMINER	DATE SIGNED 4/26/66 y, lown, or county) (Stote)
	B. NAME OF REGISTRAR	24C. FUNERAL DI		ADDRESS



	an	100	Se	+	200		
	7	Ď	Cec	HO	-		
	pit	of	å	0	ath		
	HOS	80	(2)	ano	P		
	0	מפת	, e;	pu	0	2	1
	<u>=</u>	6	aus	1110	10) (
	Pa	tin	P	0	pri		
	Ser	ibu	e u	BIS	7	po	
1	SCCI	ntr	L	160	35e	E S	
	h	0	ete	-	600		
	901	0	pu	.=	P	itio	
	PJ	ct	7	DA	he	500	
	=	lire	4	4	+ -	disp	
	tar	9	pu	901	0	10	
	SSis	t	K	Ö	Ince	fin	
	BS	*	an)	ced	ppu	10	
	Ę.	Iso,	of	Cu	110	Pe	
	0	4	Jre	onc	0	E I	
	nei	101	1ct	pro	lar	nbc	
	E	mir	fre	ho	nbe	9	
	9XC	DX	A (3	7	are	
	10	-	3	an	.E	ns	
	dic	ica	rns	Sici	Nas	nai	
	me	peu	bu	hy	In /	rer	
	ief	F	dy	9	icio	he	
	ch	7	Bo	t	175	101	
	the	9	3	976	1d	efoi	
	37 1	ita	.01	who	ž	l be	
	P	050	DIE	10	9	nec	
	OVe	e h	no /	60	Pu	tai	
	ppr	th	an)	×e)	0	op	
	0	40	of	0	3	be	
	t b	Sed	ant .	pids	60	USt	
	SOI	90	ide	hos	po	E	
	9 TT	10	900	0	1 1	DA	
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and	the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of deat	hows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Decease	0	deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Suc	pro	
	tifi	7	Ξ	A.C	P	db	
	COL	poo	15:	0.0	ase	-	
	Jis	10 E	MOL	50	926	ritt	
	T	부	ST	3	P	3	

SIRT	H NO.	(4)	378	CERTIFICA			Registered No	66 ()4376	
1 N	AME OF DE	CEASED SAN	UEL	EDWARD		_, ,,,,	NO HOUR OF DEATH	966 121	10 P.
3. P	FULL NAME (HOSPITAL OR NSTITUTION	ATH IN BALTIMORE, MA	or institution, (give street		OWN (If o	ere deceased lived, If NTY - - - - - - - - - - - - -	institution; residence be	fore odmission)
5. S	EX	6. RACE	WIDOWED	NEVER MARRIED D. DIVORCED (specify)	5-13		9. AGE (In years lost birthdoy)	If Under 1 Yr. If Months Doys Ho	Under 24 Hrs.
		working life, even if retired)	108. KIND OF	BUSINESS OR INDUSTRY	NORTH		ocin country)	12. CITIZEN OF WHAT COUNT	RY?
13.	FATHER'S NA		PRDS		14. MOTHERS	MAIDEN N.			
(Yes	Wos Decease	d Ever in U. S. Armed For n) (If yes, give wor or dote	rces?	SECURITY NO.	17. INFORMAN		SAME F	ADDRESS ABOVE	
	OISEA (This does heart failure injury or ca DISEASES rise to the control of the	S. O. D. SE OR CONDITION DI LEADING TO DEATH nal mean the made of asthenia, etc. Il means emplication which caused ANTECEDENT CAUSES OR CONDITIONS, if ne abave cause (A) G CONDITION last.	dying, e.g., the disease, death.)	(A)	MARY		ncements atoma	UN KNOV	YN_
FICATION	TO THE DISEASE OF	IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	ATED TO TH IT. IDITION FOR V	MONE WHICH OPERATION	20A. AUTOP	SY? (Yes or h	No) 208. IF YES, WER	E FINDINGS CONSIDER	RED
CAL CRIT	OR CONTRIB		COLNTE STAN	PLACE OF INJURY (e.g., in foctory, street, o	汇 7 户	S WHERE DID W OCCUR?	NO		olion)
MEDIC	21 D. TIME OF INJURY (APPROX)	(Month) Doy) Yeot)	IHour) 21 E.	INJURY OCCURRED ile At Not While rk At Work		OW DID IN	JURY OCCUR?		
	and hour or) last saw the decease nd from the couses sta	ed alive on	he deceased from P.P. APRIL 26, D(We) (did) (did)	19 66	and 1		pinian death accurre	19 66 od on the dat
	23A. SIGNAT	C, Dumle	engh.	Phy		Med. Director	Stoff Phys.	APPLL 26,	1966
24A	BURIAL CR REMOVAL	EMATION, 248. DATE		M.D. AME of CEMETERY OF CRI MT. ALVE	23D. ADDRESS WHINER	24D.	OF MP, LOCATION (Baltimore M	HOS PITAL City, town, or county)	(Stote)
		9 1966 R.O. 1	25B. NAME O		25C. FUNER	AL DIRECTO	PR	W North Ave	

MINERALL OF WHEVERN BACKINGS
HOSATARL
17. FINE ST.

M. NECRO MRRRIED 5" 13-97 C.

NONE NONE HORTH LINGSLIN IN U.S. III

SYCER OR BRIDE SHOW WITH SHOWS AFTER

WETH BOOK DEFENDENCES

PRIMARY HEPATEMA

BPAIL 28 THE CHITCHIS HAT BEING YES NO

2M

The state of the s

Johns G. Dancer, Ja.

CHIVERENTY OF MAY, HOS 19719C

•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT	SAB-44
ate must be approved b	by the chief medical examiner	or his assistant if death	proved by the chief medical examiner or his assistant if death occurred in a hospital and
as released to the hosp	sital by a medical examiner.	Also, if the direct or co	ntributing cause of death
in accident of any natur	accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🤚	re of any kind; (4) Undete	rmined cause; (5) Deceased
at a hospital (except v	where the physician who pro	nounced death was in r	xcept where the physician who pronounced death was in regular attendance on the
rior to death); and (6)	No physician was in regular	attendance on the dece	ased prior to death. Such

eceased

the body

shows:

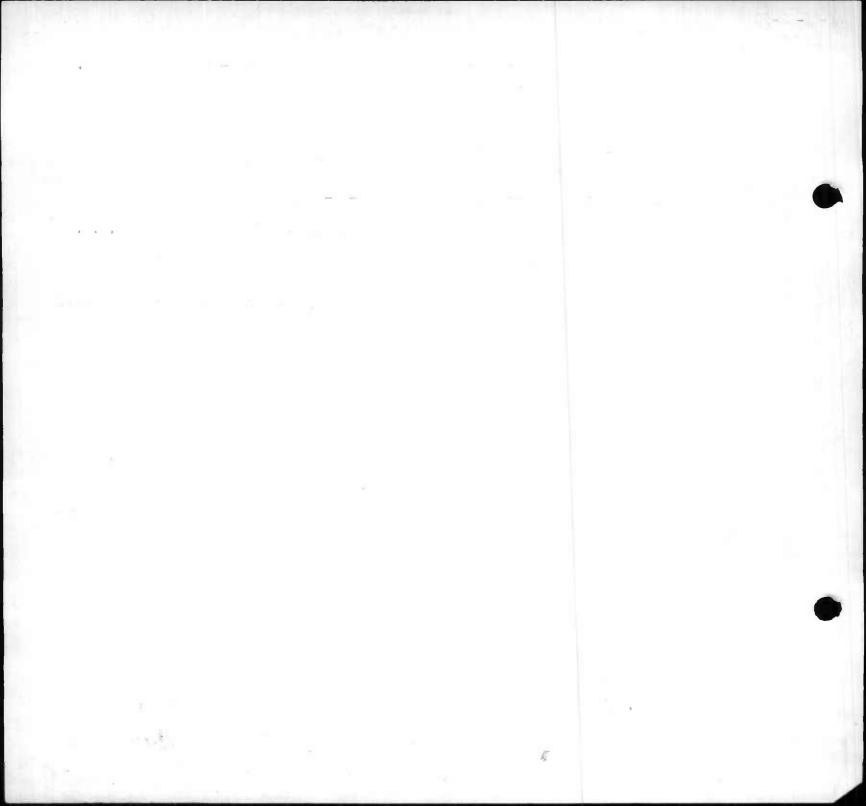
Was

BALTIMORE CITY HEALTH DEPARTMENT 66 (14377 66 04377 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Leazer Torrence Mary Torrence (Type or Print) 5.00 4-26-1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whore docoosed lived, If institution; residence before admission) A. STATE COUNTY Maryland FULL NAME OF (If not in hospital or institution, give streat HOSPITAL OR (If outside city limits, write RURAL and give township INSTITUTION Baltimore City Hospitals Raltimore 4940 Eastern Avenue D. STREET ADDRESS (If jurol, give location) 21226 21224 3301 Tate Street Baltimore, Maryland made, 7. MARRIED, NEVER MARRIED 6. RACE 9. AGE (In years If Under 24 Hrs. 5. SEX B. DATE OF BIRTH If Under 1 Yr. Months Doys Hours WIDOWED, DIVORCED (specily) lost birthdoy Married 3-15-1880 Female Negro IDA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 17, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) South Carolina 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Sarah Andrew Smarr 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wer or dotes of service) SECURITY NO. 21224 Records: BCH-4940 Eastern Avenue CAUSE OF DEATH INTERVAL BETWEEN 10 260 X ONSET AND DEATH DISEASE OR CONDITION DIRECTLY mbalmed Hypo Henrion

Hypo gly cenua

Dinbelon LEADING TO DEATH (This does not meen the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or camplication which coused deoth.) ANTECEDENT CAUSES DUE TO are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost. remains 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 20B. IF YES. WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes before 21A, ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, lorm, foctory, street, office bldg., INJURY OCCUR? (If in Boltimoro City, give exact locotion) OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner) etc.) MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hous) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram 6.6 and that in(my) (aur) apinion death accurred an the date that (I) (we) last saw the deceased alive an be and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. Stolf 4-26-66 Phys. Director approval 23 C. PHYSICIAN'S 23 D. ADDRESS

NAME Hypel M.D. 4940 Eastern Avenue, Baltimore, Maryland 21224 J. Richmon 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, LOCATION REMOVAL (Specily) wary Cemeters 25C, FUNERAL DIRECTOR 25A. DATE REC'D BY HEALTH DEPT. VS 150-REV. 1/1/65



Such

BALTIMORE	CITY	HEALTH	DEPARTMENT

		66	GA	3	1	3
Registered	Na.	00	1 2	U	6	(

BIRTH NO. M.E. CASE NO.	CERTIFICA	ATE OF DEATH Registered No.	00 04370
I. NAME OF DECEASED	1ES A.	2. DATE AND HOUR OF DEATH 4.27.66	11/45 4
3. PLACE OF DEATH IN BALTIMORE, MARKLAND		4. USUAL RESIDENCE (Where deceased lived, If ins. A. STATE B. COUNTY	hitution: resistence before admission)
FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or location) INSTITUTION	,	C. CITY OR TOWN (It putside city limits, write RI	Pl. 16-01
Letherau Hospital of	Mary land	D. STREET ADDRESS (If rurol, give location)	RI
male mests WIDOW	D, NEVER MARRIED VED, DIVORCED (Pecily)	B. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	<u> </u>
Charles merce	'\	Elizabeth	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes af service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
		Rebecca Merca 30	013 tyllelon Ra
1B. 3) X I		DF DEATH	ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Jul	dural hematomate, tilste	hal
(This does not mean the mode of dying, e.g. heart laiture, asthenia, etc. It means the diseas	g., DUE TO	dural hematomate, tilate	
injury or complication which caused death.)		1 1	
ANTECEDENT CAUSES	DUE TO	= 1	
DISEASES OR CONDITIONS, if ony, giving the rise to the obove couse (A) stating the			
UNDERLYING CONDITION Iosi.			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTI TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	NG THE		
19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FI	
OR CONTRIBUTING CAUSE OF	18. PLACE OF INJURY (e.g., ome, lorm, loctory, street, clic.)	in or obout 21C. WHERE DID (If in Boltimore office bldg., INJURY OCCUR?	City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour) 2	E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
≥ (A DBDOV)	Vhile At Not Whi		
22. I certify that (I) (this hospital) attended	the deceased from	3.23.66 19 10 14.	27 1966
that (I) (we) last saw the deceased alive an	4.27.6	6 19 and that in (my) (aur) apini	ian death accurred on the date
and have and from the causes stated above.	(1) (We) (did) (did nat)		
23A. SIGNATURE	M.D. Att	tending Med. Stoll	23B. DATE SIGNED
23 C. PHYSICIAN'S	Phy	23D. ADDRESS	
NAME (Type) GRUMBERG	LOSEF M.D.	Lastherae Hospital.	
24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY of CR	REMATORY 24D. LOCATION (City	, town, or county) (State)
Burial 5-2,-66 1	rbutus mem	- Park Unlasting Ros	to. Co. Ind.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME		25C. FUNERAL DIRECTOR	ADDRESS
APR 28 1966 (1)	JE, Jaken MA	Charles a Rice, 66/W.	Dave St
VS 150-REV. 1/1/65			

	A 400.00	BALTIMORE CITY	Y HEALTH DEPARTMENT		City and Control
	TH NO. 66 ()437	CERTIFICA	TE OF DEATH		66 04379
1. N (Typ	PLACE OF DECEASED WAGNER DE OF PRINTING WAGNER DEATH IN BALTIMORE, MARYLA	OROTHY RO.		ND HOUR OF DEATH 28 6 Pere doceosed lived. If ins	6 8 25 M. M.
H	FULL NAME OF (If not in hospital or in: HOSPITAL OR address or location) NSTITUTION	stitution, give stroot	MARYLA	VD utsido city limits, write RI	URAL ond give township)
-	The Union Memoria	l Hospital	BALLIMOYE D. STREET ADDRESS HOPKINS	rurol, give locotion) Apts # 5	07
5. S		MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) SINGLE	B. DATE OF BIRTH	9. AGE (In yours lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min,
done	e during most of working life, even if relired) RETIRED FATHER'S NAME	NIND QUE BUSINESS OK INDUSTRI	MARY LA	AND	A MERICAN
C	CHARLES H.	WAGNER		D. BRUNS	ADDRESS
(Yes	Was Deceosed Ever in U. S. Armed Forces? s,no or unknown) (If yes, givo wor or dotos of NO	214-14-1524	MISS LILLIA	N C.R.W.	
	DISEASE OR CONDITION DIRECT		rebrathe	mentrage	INTERVAL BETWEEN ONSET AND DEATH
	(This does not meen the mode of dyin heart loilure, asthenia, etc. It means the injury or camplication which coused dear ANTECEDENT CAUSES	disease,	eurysm of t	eft poste	
	DISEASES OR CONDITIONS, if ony, rise to the obove couse (A) state UNDERLYING CONDITION last.	giving	Cerebral		224
ATION	OTHER SIGNIFICANT CONDITIONS CONT TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
RTIFIC	19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or N	O) 208. IF YES, WERE FI	INDINGS CONSIDERED
CAL CE	21A: ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical examiner)	21B. PLACE OF INJURY (o.g., home, form, foctory, street, etc.)	in or obout 21C. WHERE DID	(If in Boltimoro	City, give exect lecofient
MEDI	OF INJURY (APPROX.)	ourl 21 E. INJURY OCCURRED While At			11 -0 1/
	22. I certify that M (this hospital) att that M (we) lost saw the deceased of	tended the deceased from Ilve on APYII 2	April 23 -8 19 66 and 1	hat in (aur) apin	$PYII = 28_{19}66$, ian death accurred on the date
	and hour and from the causes stated a 23A. SIGNATURE	M.D. At	ending Med.	Sloff 🔀	23B. DATE SIGNED
	23C. PHYSICIAN'S NAME (Typo) WEN HAN TSUNG	M.D.	23D. ADDRESS	MEMORIAL H	OSPITAL
_	A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	24C. NAME of CEMETERY of CE	EMATORY 24D.	LOCATION (Cit	y, town, or countyl (Stotel
	urial 5-2-66 A. DATE REC'D BY HEALTH DEPT. 258.	Loudon Park Ce	metery Ba	ltimore,	Md.
	APR 29 1966 R.C. &	E, Salley MA	H. W. Jen	5 York Song	d Balto.Md.2121
VS	150-REV. 1/1/65				

CHARLES H. WAGNER LILLIE LERLINS

St. Establish Hogh

Time Van Trong

of death

cause

contributing

occurred

a hospital

ПО

ance

attend

regular

MOS

eath

pronounced

who

physician

where

(except

hospital

0

to

D.O. A.

eceased

any

of

An accident

shows: N ds

the body was released

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 6 114381 BIRTH NO. CERTIFICATE OF DEATH Such M.E. CASE NO. I. NAME OF DECEASED AND HOUR OF DEATH (Type or Print) 802 (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) INSTITUTION 10 4004 Southern prior GENERA disposition is made. MARRIED, NEVER MARRIED 9. AGE (in years If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours deceased WIDOWED DIVORCED (specify) lost birthda 100 W 16A. USUAL OCCUPATION (Give kind of work 10B. KIND OF 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Tailor 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME the o Stephen Balbo Mary Concetta Santangelo E O Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS 6. SOCIAL or final (Yes, no or unknown) (If yes, giveattendance No ONSET AND DEATH DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, regular injury at camplication which caused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, rise to the above cause (A) stating the UNDERLYING CONDITION inst. the remains Was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION WAS PERFORMED 19A. DATE OF OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B, PLACE OF INJURY (e.g., in or about 21C, WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Baltimore City, give exact location) å MEDICAL DEATH (notify medical examined) obtained (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While I (APPROX.) Work At Work ; and 22. I certify that (this hospital) attended the deceased from that (1) (we) last saw the deceased alive on. 66 and that in (my) (opinion death accurred on the date pe death) and hauf and fram the couses stated above. (1) (4) (did) (dia t) view the body after death. must 23A. SIONATURE 23B. DATE SIGNED Attending Stoff M.D. Med. prior to Phys. Director written approval Phy s. 23D. ADDRESS PHYSICIAN'S

24A. BURIAL CREMATION, 24C. NAME of CEMETERY of CREMATORY Holy Redeemer Cemetery Baltimore, Md. 25A, DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214 VS 150-REV. 1/1/65

188 GENERAL HOLENNI Brillians, m. smilled 60001W W 7 1/27/84 84 return the Lower Lower The street of the second of medical R L. O. Olean Jud. M. O. Gel. 1 1 cell 30 00 30/4 cells ous O. alson J 4/27/60 Louis O. Ocias M.J. 664 - Hore. Part.

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any

This certificate must be approved by the chief medical examiner

the body was released to the hospital

was D.O.A. at a hospital

(except where the physician who pronounced

Such (4) Undetermined cause; (5) Deceased was in regular attendance COUSO deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to written approval must be obtained before the remains are embalmed or final disposition is made. contributing or his assistant if death death

		66 04:	183	BALTIMORE C	ITY HEALTH DEPARTMENT	,	20 4004
BIR	TH NO.	00 (1.21	10	CERTIFIC	ATE OF DEATH	Registered No.	6 04381
M.	E CASE NO.			CERTITIC			
	PAME OF DECI		ine J. Wi	loov		AND HOUR OF DEATH	
3.	PLACE OF DEA	TH IN BALTIMORE, MA		LCOX	-		nstitution, residence before admission)
	FULL NAME OHOSPITAL OR		or institution, give	street	Md.	JNIT	RURAL ond give township)
2		hood Vanla	Dood			Baltimore	#12
K)	4720 York	noau			20 York Road	
-	Female	White		VORCED (specify)	June 3, 1888.	9. AGE (In years lost birthday)	If Under 1 Yr. II Under 24 Hrs. Months Days Hours Min.
don	House	PATION (Give kind of work working life, even if retired) ewife	108, KIND OF BUS	SINESS OR INDUST	Mass.		12. CITIZEN OF WHAT COUNTRY?
13.	FATHER'S NAA		lannaberry		14. MOTHER'S MAIDEN N		t Sommers
15.	Was Deceased	Ever in U. S. Armed For	ces? 16.	SOCIAL	17. INFORMANT		ADDRESS
116	No	(It yes, give war ar date		SECURITY NO. 64-10-2291	Miss Irene W	ilcox	(Same)
	18. つつ	D Y I			OF DEATH		INTERVAL BETWEEN
	(This does n	E OR CONDITION DIR LEADING TO DEATH at meen the mode of osthenia, etc. It means plication which caused	dying, e.g., the disease,	(A) Ce	rebral Phrom	160515	ONSET AND DEATH
		ANTECEDENT CAUSES		(B) Gen	englised Art	410sc/PLOSI	5
	rise to the	R CONDITIONS, if above couse (A) CONDITION last.		(C)			
ATION	TO THE DI	II FICANT CONDITIONS C EATH BUT NOT RELA CONDITION CAUSING I	TED TO THE				
ERTIFIC	19A. DATE OF	OPERATION 198. CON WAS PERI		CH OPERATION	20 A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
CALC	OR CONTRIBU	T WAS UNDERLYING TING CAUSE OF medical examiner)	21B. PLA home, le etc.)	CE OF INJURY (e.gorm, foctory, street,	office bldg., INJURY OCCUR?	(If in Boltimo	re City, give exact location)
MEDI	21D. TIME OF INJURY	(Month) (Day) (Year)	(Hour) 21E, INJ	URY OCCURRED	21F. HOW DID I	NJURY OCCUR?	
2	(APPROX.)		While A	Not V	Vhile onk		
	22. I certify	that (1) (this haspital) attended the d	eceased fram	February	1966 to	April 27 1966
	that (1) (we)	last saw the decease	d alive an	Aptil	22 19.66 and	that in (my) (our) ap	inion death accurred on the date
			red above. (1) (M	(did) (did not) view the body after deat	1.	
	23A. SIGNATU	/ / /	mes M	M.D.	Attending Med. Phys. Director	Stoff Phys.	23B. DATE SIGNED. 4/28/66
	23C. PHYSICIA NAME (T)	N'S	Gran MI	<i>U</i>	23D. ADDRESS	. 117 3+	1/

M.D.

(State)

Stephen Toms,

24A. BURIAL CREMATION, 24B. DATE
REMOVA! (Specify)

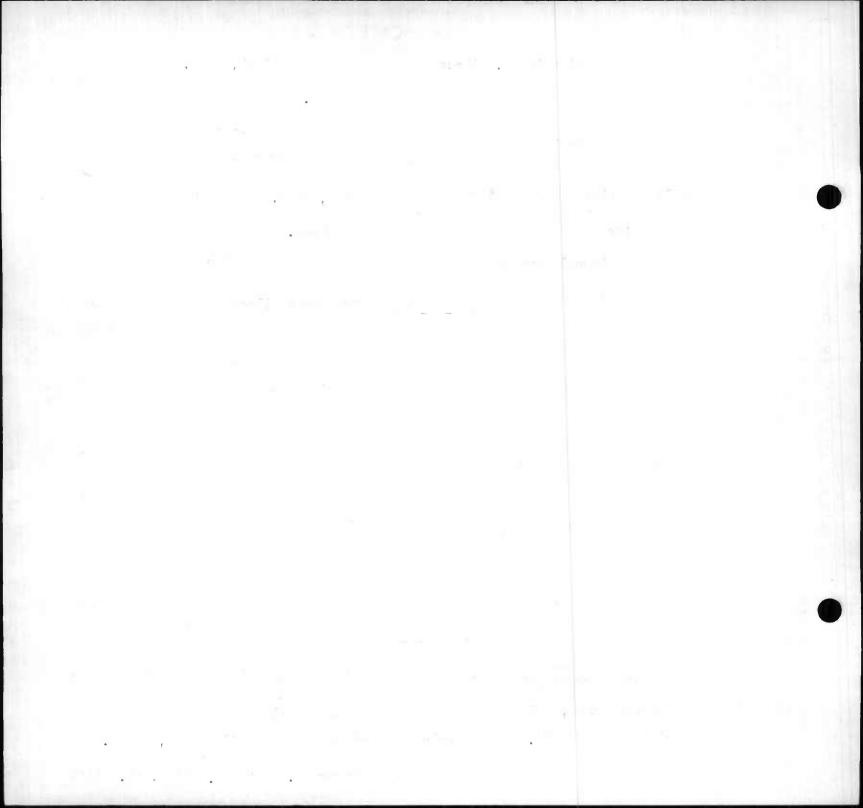
Burial

4/30 24C. NAME of CEMETERY of CREMATORY 4/30/66. Holy Sepulcher Cemetery 258 NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT.

Philadephia, Penna.

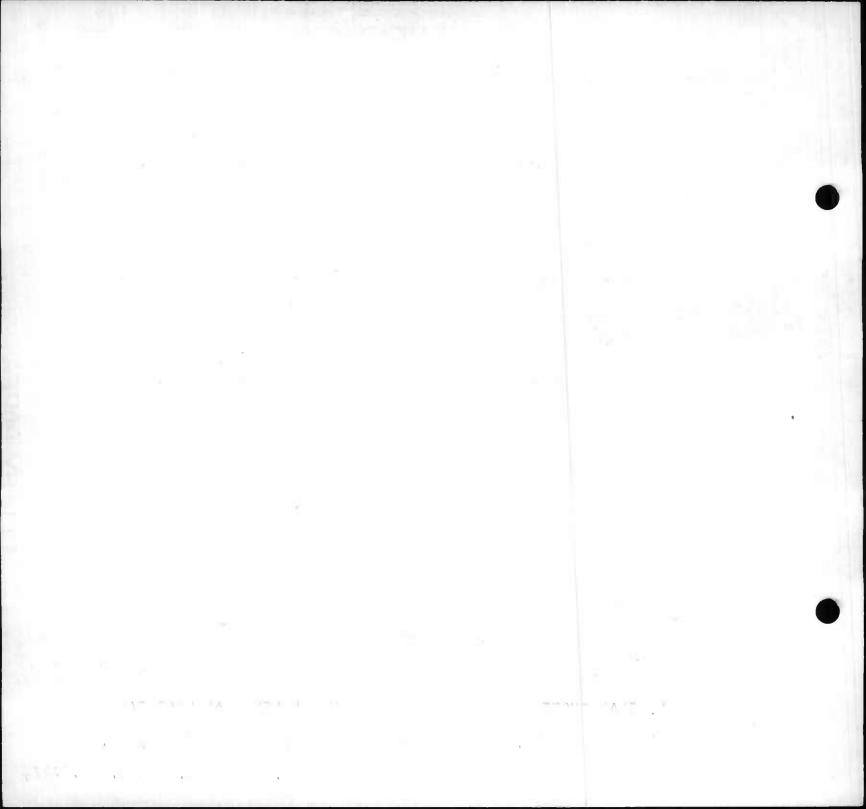
25C. FUNERAL DIRECTOR ADDRESS Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



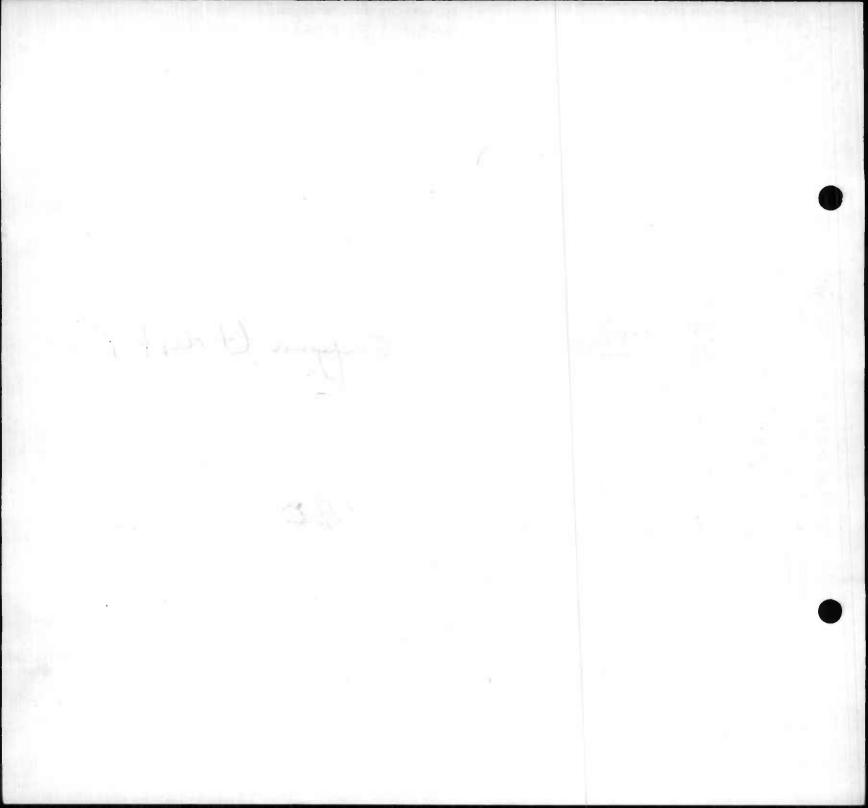
2-110 2-1	BALTIMORE CITY HEALTH DEPARTMENT	1289
2002	CERTIFICATE OF DEATH Registered No.	ED CE
death death ease n the Such	.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH	
T 4 5	YPE OF PRINTY STAUROULA GALIXIS 27 APRIL 1966 19	1,35 P M
	PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence and the state of the state o	tence before admission)
hos ise (5) and	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	
cause cause ise; (5) endan to de	HOSPITAL OR oddress or locotion) C. CITY OR TOWN (If outside city limits, while RURAL and gibbs and gibbs and gibbs are supported by the support of the sup	ive township!
	D. STREET ADDRESS (If rurol, give locotion)	
0	UNION MEMORIAL HOSPITAL 3412 HARFORD ROAD	
# Trik	F 6. RACE WIDOWED, DIVORCED (specify) 14 SEPT. 93 9. AGE (In years lost birthday) 7. MARRIED, NEVER MARRIED (Months) Do	Yr. If Under 24 Hrs. oys Hours Min.
con con con re- re- re- re- re- con sceause	IA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 1]. BIRTHPLACE (State or foreign country) 12, CITIZEN	OF COUNTRY?
death T or c Undet as in e dece	HOUSEWIFE HOME GREECE GO	REECE
	FATHER'S NAME	
	GEORGE PANOS STAMATO DEMANO.	2
A De Lo	was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT	DDRESS
Sisis that have the first distance of the fi	No UNK. HELEN SFONDILLS	
S B B B C O	ON CONTROL DIRECTLY	TERVAL BETWEEN
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury at complication which coused death.) ANTECEDENT CAUSES (A) CEREBRAL HEMORRHAGE Support the size of the s	days o wears
	(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	V
in in act	injuly at complication which coused death.) ANTECEDENT CAUSES (B) Heart Disense	dyears
xamin camine A frac who p regulo	DISEASES OR CONDITIONS, if any, giving	
3 (S) = 3	rise to the obave cause (A) stating the (C) UNDERLYING CONDITION lost,	
L DIII	II	
M V S	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
FUNERA The chief me by a med 2) Body bure the physician fore the re-		ONGIDERED
chief chief by a m Body the physicial	2 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CO. IN CERTIFYING CAUSES OF DE.	ATH?
FU he complete to the complete	J 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C, WHERE DID (If in Boltimore City, give e	exact location)
+ 0 0 0	DEATH (notify medical examiner)	
2 2 2 2	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While	
2 - 0 0 0	(APPROX.)	V
approto the fany flany (lexcon); and obtained to the second	22. I certify that (this hospital) attended the deceased from 26 April 19 66 to 27 April that (we) last saw the deceased alive on 27 April 19 66 and that is (aux) acinion death	ne 1966
15 a t a a a a a a a a a a a a a a a a a	that (we) last sow the deceased alive on 27 April 19 6 and that in (wy) (our) apinion death and haur and from the causes stated obave. (We) (did) (we) view the body after death.	occurred an the date
ust be a eased to ident of nospital death)	23A. SIGNATURE	SIGNED
2 0 0 0 E	X. Evan (Mally M.D. Attending Med. Stoff Phys. 27	April 191
	23C. PHYSICIAN'S NAME (Type)	771-04.70
certificate body was r rs: (1) An a D.O.A. at c ased prior ten approv	L. EVAN CUSTER M.D. UNION MEMORIAL HOSPITAL	
# > E O B B	AA. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or crematory)	county) (Stote)
body ws: (1 D.O.	"Burial" 4/30/66. Greek Orthodox (emetery Baltimore, Mo	۷.
This certify the body shows: (1) was D.O./ deceased written a	Burial 4/30/66. Greek Orthodox Cemetery Baltimore, Mosa. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR Leonard J. Kuck Inc. Balto.	Md. 21214

VS 150-REV. 1/1/65



APR 29 VS 150-REV. 1/1/65

	TITY HEALTH DEPARTMENT
BRTH NO. 66 04383 CERTIFIC	CATE OF DEATH Registered No. 1272
M.E. CASE NO, I. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
17 B 0	
3. PLACE OF DEATH IN BALTIMORE MARYLAND	L+ 26-66 A. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
S. FEACE OF DEATH IN BACILINOIS, MARIENID	A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If/outside city limits, write RURAL and give township)
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If/outside city limits, write RURAL and give township)
BALTIMO	re BALTIMORE
Union Memorial Hospetal MARYLAN	D. STREET ADDRESS (If rurol, give location)
anion memorias largestat minigram	1624 E 30th Street
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.
male WIDOWED, DIVORCED (specify)	10/19/96 lost birthdoy) Months Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF
done during most of working life, even if retired)	WHAT COUNTRY?
	DelAWARE US/T.
3. FATHERS NAME	14. MOTHER'S MAIDEN NAME
Joseph Edward Lattomus	Mary Emma Brockson
5. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	
	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Eupyema Ct. cheft I week
LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO	C49/7
heart failure, asthenia, etc. It means the disease,	
injury ar camplication which caused death.)	
ANTECEDENT CAUSES (B)	***************************************
DISEASES OR CONDITIONS, if any, giving	
rise to the above cause (A) stating the (C)	
UNDERLYING CONDITION last.	
7	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
198. CONDITION FOR WHICH OPERATION WAS PERFORMED LT.	20A. AUT SY (es or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
W 1 1 1 1 1 1 1 1 1	9/188
OR CONTRIBUTION CALLES OF	in or about 2 C. WHERE DID (If in Boltimore City, give exact location)
DEATH (notify medical examiner)	
21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
	While
Work At W	ork - 1
22. I certify that (1) (this hospital) attended the deceased from	4/24 19 00 10 7 26 19 66
that (1) (we) lost sow the deceased alive on	ond that in (my) (our) opinion death occurred on the date
and hour and from the couses stated obere. (1) (We) (did) (did not	
23A. SIGNATURE	23B. DATE SIGNED
2 < / /	Attending Med. Med. Month
(Col fred / Res	Phys. Director Phys Phys Phys
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
GOTPREY YEH IM	of the temperal top,
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF	CREMATORY 24D. LOCATION 44 4 4 (City; town, or county) (Stote)
REMOVAL (Specify)	THE HODVING MEDICAL COUNTY
ADD 2 9 1968	INS HURAINS MEDICAL SCHOOL
25A, DATE REC'D BY HEALTH DEPT) 7258 NAME OF REGISTRAR	MURIUARY SERVICE RCHD
APR 29 1966 P. C. J. E. Starley M.	SLRVICE - BUILD



0

to the hospital by

the body was released

certificate must

approved

contributing cause of death

and

hospital

occurred

death

assistant if

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. 66-03761 66 14384 CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) Timothy Harris
3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street Maryland FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write INSTITUTION Provident Hospital Baltimore
D. STREET ADDRESS 1514 Division Street (If rurol, give location) Baltimore, Maryland 643 W. Lafayette Avenue MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH 6. RACE WIDOWED, DIVORCED (specify) 2-27-66
11. BIRTHPLACE (State or foreign country) Male Negro Single

10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) None Maryland

A. MOTHER'S MAIDEN NAME None 13. FATHER'S NAME Unknown Maxine Gerse 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL (Yes, no or unknown)(If yes, give wor or dates of service) SECURITY NO. same as above CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH IThis does not meon the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or camplication which caused death.) DUF TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoting the UNDERLYING CONDITION last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20 A. ALTOPSY 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIF 218. PLACE OF INJURY (e.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner) MEDIC 21D, TIME (Month) (Doy) (Year) (Hout) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased from April to April 16. 19 66 1966 April that (1) (we) last saw the deceased alive on ond hour and fram the couses stated obove. (1) (We) (did) (did not) view the bady ofter deoth. 23A. SIGN ATURE Med. Stoll Director

(4) Undetermined cause; (5) Deceased on the Such April 16, 1966 2:30 PM
4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
B. COUNTY eath. ance RURAL and give township) attend 10 prior made. regular If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours 12. CITIZEN OF WHAT COUNTRY? = ispositio U.S.A. Was the death LO kind; ADDRESS final attendance any pronounced INTERVAL BETWEEN 10 ONSET AND DEATH baimed fracture of regular em who are 4 (2) physician the remains Was **Body burns;** physician 208. IF YES, WERE FINDINGS CONSIDERED the IN CERTIFYING CAUSES OF DEATH? before 3 (except where ; and (6) No ph (If in Boltimore City, give exact location) of any nature; be obtained death); and that in (my) (our) opinion death accurred on the date a hospital must shows: (1) An accident 23 B. DATE SIGNED Attending 10 April 26, 1966 approval Phys. 23C. PHYSICIAN'S 23D. ADDRESS eceased prior at NAME (Type) 1514 Division Street L.C.Rose was D.O.A. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME OF CEMETERY OF CREMATORY REMOVAL (Specify) 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR APR 29 VS 150-REV. 1/1/65

Disleyes, Maryland

one directled in the

9.70-1

33-75-5

9501

SHELTIS!

BYOUR BE SHEE

the careh

dd: . . . illiga

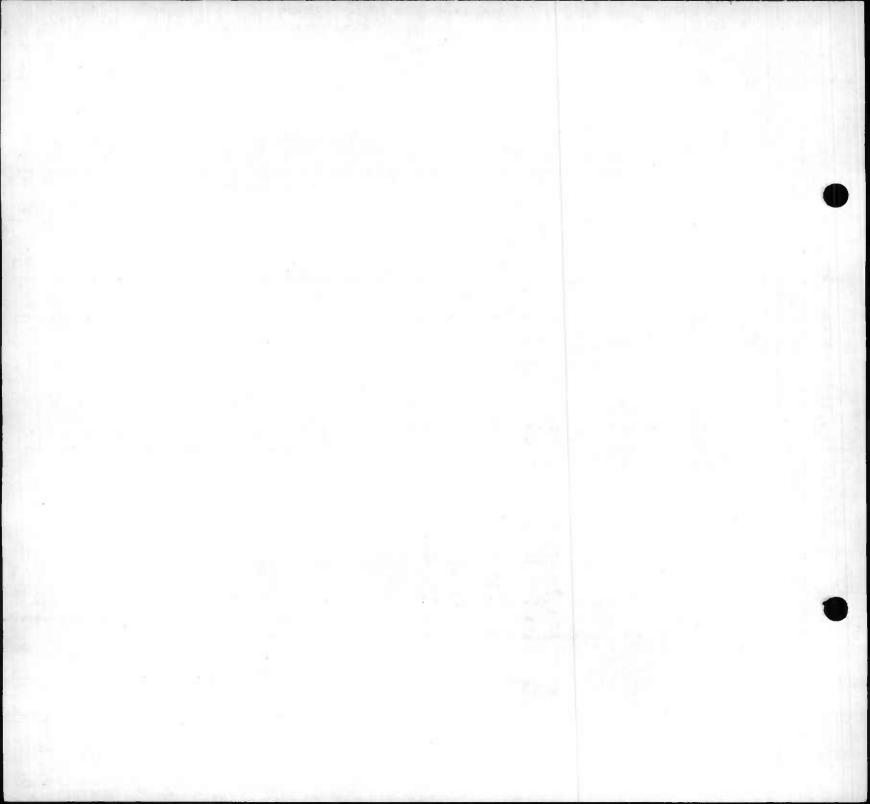
proff. D. W

. Ilrega

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the

BIRTH NO. 66-08564 66	4385 BALTIMORE CIT	Y HEALTH DEPARTMENT	(66 04385
BIRTH NO. 66-08007	CERTIFICA	ATE OF DEATH	Registered No.	70 (Ti)(O)
M.E. CASE NO. 1. NAME OF DECEASED		2. DATE AN	D HOUR OF DEATH	
(Type or Print) BABY	SLACKSTON	APRIL	25,1966	2:30 A.N
3. PLACE OF DEATH IN BALTIMORE, MARYLA	ND	A. STATE B. COUN	TY	stitution: rasidance before admission
FULL NAME OF (If not in hospital or in	stitution, give street	C. CITY OR TOWN (IF OUT	U-S-A.	
HOSPITAL OR oddress or location)		C. CITY OR TOWN (If out	sida city limits, writa R	URAL and give township)
OLUTHERAN HOSP-	OF MD.	D. STREET ADDRESS (IF	rurol, giva facation)	5 5 8
			BEWHIN	AUE.
5. SEX 6. RACE 7. N	MARRIED, NEVER MARRIED VIDOWED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs Manths Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10 B.			gn country)	12. CITIZEN OF
done during most of working life, even if retired)		MARGLAN	D	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		
CHARLES BLACK	STON	BEUERLC		
15. Was Deceased Ever in U. S. Armed Forces?	16. SOCIAL	17. INFORMANT	7	ADDRESS
(Yes, no or unknown) (If yes, give wer or dates of	service) SECURITY NO.			
118.	CAUSE	OF DEATH		INTERVAL BETWEEN
DISEASE OF CONDITION DIRECT	I V			ONSET AND DEATH
LEADING TO DEATH	(A) 1	MMATURIT	4	
(This does not mean the mode of dying heart failure, asthenia, etc. It means the	ng, e.g., DUE TO			
injury or complication which coused dea				
ANTECEDENT CAUSES	(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
DISEASES OR CONDITIONS, il ony,				
rise to the obove cause (A) state UNDERLYING CONDITION last.	ing lhe (C)			
Ш				
O OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING			
TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.				
19A. DATE OF OPERATION 19B. CONDITION WAS PERFORM	ON FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No	IN CERTIFYING CAL	INDINGS CONSIDERED
WAS PERFORM	218 81 4 65 05 14111187/	is at should C WHERE OLD	(If in Baltiman	City also areast leasting)
OR CONTRIBUTING CAUSE OF DEATH (notify medical examinar)	home, form, foctory, street,	in ar about 21C. WHERE DID affice bldg., INJURY OCCUR?	tir in pallimate	City, give exact lacation)
U ,				
S OF INJURY	While At Not Wh	21F. HOW DID INJ	URY OCCUR?	
(APPROX)	Wark At Wari	k L		
22. I certify that (I) (this hospital) at	tended the deceased from	1-24-66	19 to 4-	2-5 19 66
that (I) (we) lost sow the deceased of	ive on 4-2	7 19 6 and the	ot In(my) (our) opin	nion death occurred on the do
and hour and from the causes stated a	bave. (1) (We) (did) (did not)	view the body ofter deoth.		
23A, SIGNATURE	,		/	23 B. DATE SIGNED
Marcia Wange	lista M.D. Al	ttending Med. Director	Stoff Phys.	4/25/66
		23D. ADDRESS		1 / / / /
MADRIA FULVE	ELISTA ANMO	CUTHERA	N HOSP	NOF MD
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C	REMATORY 24D. LO	OCATION (Ci)	y, town, en county) (State)
REMOVAL (Specify)	1966 IOHN	S HOPKINS IN	EDICAL SO	LIVUL
25A, DATE REC'D BY HEALTH DEPT. 25B,	NAME OF REGISTRAR	25C. FUNERAL DIRECTOR		ADDRESS
APR 29 1966 (20)	E, Starber A.S.	MORTUARY	SERVICE	- BCHD
VS 150-REV. 1/1/65			DERTIVE	- DAIL



IMPORTANT

FUNERAL DIRECTOR:

	35 5 7 3	
ND HOUR OF DEATH		
- //	- 45	

Тур	AME OF DECE	TH IN BALTIM	ORE, MAI	YLAND	FLO	WER	4. USUAL A. STATE	RESIDENCE (Who	7 66		ution: residence b	elore odmissio
H	TULL NAME OF	F (If not is oddress	n hospital a or locotion	or institution,)	give street		C. CITY O	yland R TOWN (If ou			RAL and give tow	nship)
1.0	ALT. 140 East	CITY ern Ave.	Hos - Ba	PITO. N	S Marvland	21224	D. STREET	North Mon	rural, give locati	on)		
5. S		6. RACE		7. MARRIED.	NEVER MAR	RIED	B. DATE O		9. AGE (In year lost birthday)		f Under 1 Yr. 1 Aonths Doys H	Under 24 H
	during most of w		if retired)	10B. KIND OF	BUSINESS O	R INDUSTRY		th Carolin	gn country)		U.S.A.	TRY?
	homas F.							ers maiden na tt ie	ME			
15, V (Yes	Was Deceosed , no or unknown)	Ever in U.S.	Armed Forevor or dote:	es? s of service)	1 6. SOCIAL SECURITY	r Nd.	REC OR	DS . BCH.	4940 East			
	(This daes no	E OR CONDI LEADING TO at mean the	DEATH		(A)	URE	MIA			16-	nos
	DISEASES O	plication which NTECEDENT R CONDITION above cas CONDITION	II means h caused CAUSES ONS, if couse (A)	the disease, death.)	(B) CHR	ONIC	MiA PYELUO	VEPHN.	1775	yr.	
TIFICATION	DISEASES OF THE PROPERTY OF TH	Plication whice NTECEDENT R CONDITION CONDITION FICANT COND EATH BUT N CONDITION CONDITION OPERATION	II means h caused CAUSES ONS, if couse (A) I last.	the disease, death.) Iny, giving stating the ONTRIBUTIN TED TO THE.	G	C)	20 A. AL	ITOPSY? (Yes or No		0		
CAL CERTIFIC	DISEASES OF THE PROPERTY OF THE PROPERTY OF THE DESTRUCTION OF THE DESTRUCTION OF CONTRIBUTION	plication which which was under the condition of the cond	II means h caused CAUSES DNS, if cuse (A) I last. DITIONS CONTROL RELAAUSING IT 198. CONTROL WAS PERFERLYING	the disease, death.) any, giving stating the CONTRIBUTION TO THE CONTRIBUTION FOR CORMED	G E WHICH OPERA	ATION	20 A. At		D) 208. IF YES,	WERE FIN		RED
DICAL CERTIFIC	DISEASES OF THE DISEASE OF THE DISEA	plication which which was under the condition of the cond	II means h caused CAUSES DNS, if cuse (A) I last. DITIONS CAUSES DITIONS CAUSING I' 198. CONIWAS PERFERLYING CONIWAS PERF	the disease, death.) Iny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR DOTTON FOR CORMED (Hour) 21E	G E E WHICH OPERA	ATION NJURY (e.g., ir	20 A. AL	ITOPSY? (Yes or No	ODS. IF YES, IN CERTIFYIN	WERE FIN	DINGS CONSIDE	RED
MEDICAL CERTIFIC	DISEASES OF THE UNDERLYING OTHER SIGNIFT TO THE DEDISEASE OF THE DEDISEAS	Plication whice NTECEDENT R CONDITION CONDITION FICANT CONDITION OPERATION OPERATION (Month) (Dog that (this lost sow the	II means h caused CAUSES ONS, if couse (A) I last. DITIONS COUST RELA AUSING IT 198. CONIWAS PERF	the disease, death.) Iny, giving stating the DNTRIBUTIN TED TO THE DOTTON FOR ORMED 21B homete. Wh. Wo. ottended to dolive on	PLACE OF INJURY OCCURRENCE AT COMMENTER AT COMMENT AND	ATION NJURY (e.g., ir or	20 A. At	ITOPSY? (Yes or No NO IC, WHERE DID AJURY OCCUR?	OF 20B. IF YES, IN CERTIFYIN (If in B	WERE FINION IG CAUSE CONTROL C	DINGS CONSIDE ES OF DEATH? ity, give exact to	RED cotion) 19 Cotion

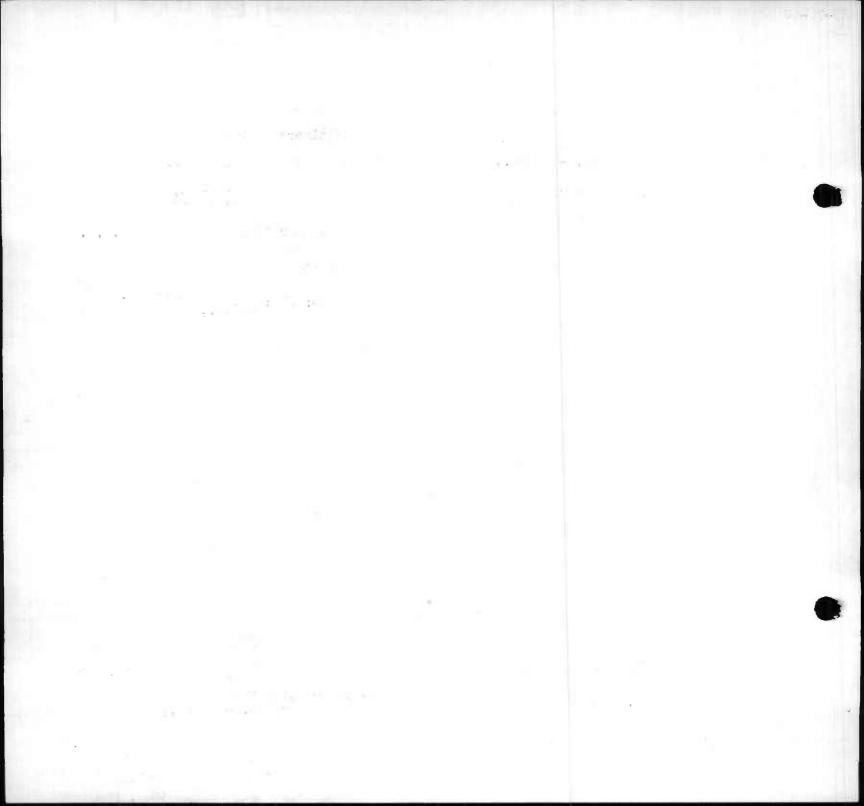
shows: was D.C decease

REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR
R 29 1966 R Co. D. E. Farbey M.

MORTON + Pyr

VS 150-REV. 1/1/65

LAURENS



if the direct or contributing cause of death ny kind; (4) Undetermined cause; (5) Deceased

attendance on the

Also,

examiner.

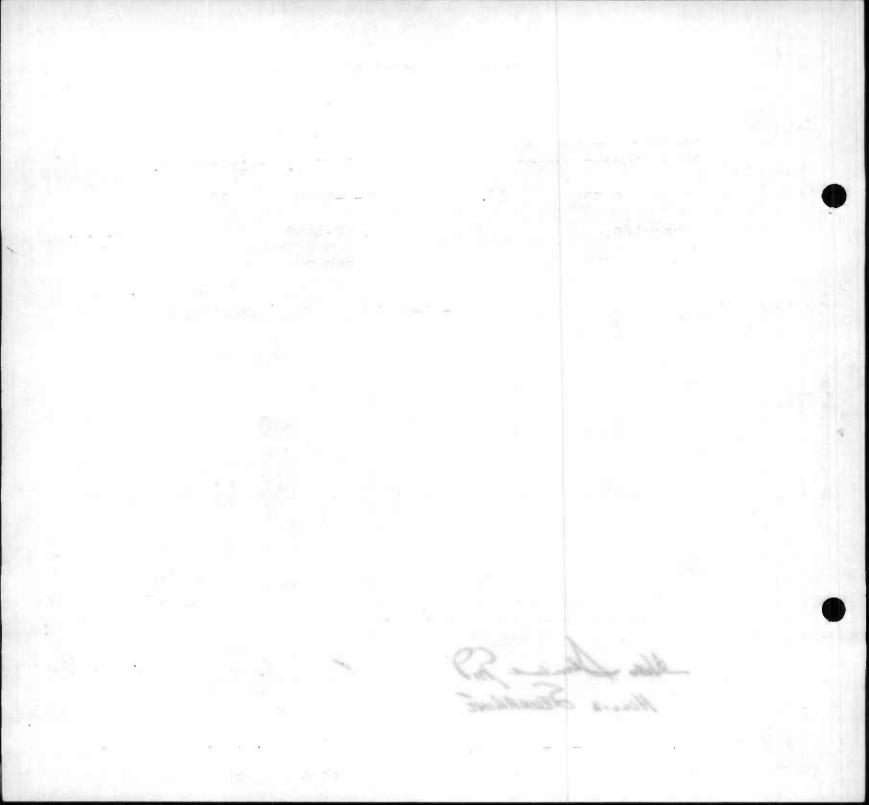
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any was D.O.A. at a hospital (except where the physician who pronounced

VS 150-REV. 1/1/65

the body was released to the hospital by a medical

a hospital and

	ECEASED				2. DATE	AND HOUR OF DEAT	Н	-
(Type or Print)	Este	lle Br	Own (F	ligabot	2) 1/	21/66	1/2	10 P.
3. PLACE OF E	EATH IN BALTIMORE,	MARYLAND		4. U	MAL RESIDENCE (W	24/66 here deceased lived. If	institution; residen	ce before admission
				A. ST	Md.	1	9-1-	1
HOSPITAL O	R oddress or loc	ortol or institut cotion)	ion, give street	- 11		outside city limits, writ-	e RURAL and give	Mwashio)
INSTITUTION					Baltimore			
Winds	sor Nursing	a Home				(If rural, give location)		
3025	Windsor A	venue			1055 W T	exington s	C.L.	
5. SEX	6. RACE	7. MARR	IED, NEVER MARRIED	B. DA	TE OF BIRTH	9. AGE (In years	If Under 1 Yr. Months: Doys	If Under 24 Hrs
Fe	Negro		WED, DIVORCED (spe		2-1890	lost birthdoy)	Months Doys	Hours Min.
	CUPATION (Give kind of				RTHPLACE (Stote or Id	75	12. CITIZEN O)F
dane during mast	of working life, even if retir		11001 =			noigh dodniny.	WHAT CO	DUNTRY?
House			VONE		aryland		U.	S.A.
13. FATHER'S N					OTHERS MAIDEN N	AME		
	unk				unknown			
	ed Ever in U. S. Armed		1 6. SOCIAL	17. IN	FORMANT	HOME NURSIN	Za a ADD	RESS
i es, no or unkno	wn) (If yes, give wor or	udies 01 56/VI		0.	111100	TOME	30 25	MINDSORM
18.			220-01-	-4683 VV	INUSOR	NURSIN	Q 115101	119
4-0	20./		C	AUSE OF DEA	IH		ONSE	T AND DEATH
DISE	ASE OR CONDITION			11.1	1 . 1.	/	,	
	LEADING TO DEA		(A)	11110	GARDIAL	TN FAYC:	FION	
	not meen the mode		e.g., DUE	TO		A.K. fallalastas		
	e, osthenio, etc. 11 me omplication which cou		056,	(1				
				//	, , , , , , , , , , , , , , , , , , , ,	+		
	ANTECEDENT CAU	ISES	(B)	GeneRA.	Lized ar	TerioscleRosi	, "S	
DISEASES			DUE	renera.	hized ak	INFARC:	" S	
	OR CONDITIONS, the obove couse	if ony, giv	Ving	Genera.	Lized ak	TerioseleRosi	, "S	
rise lo	OR CONDITIONS,	if ony, giv (A) sloling	Ving	lenera.	hized Ak	TerioseleRosi	7.5	
rise lo	OR CONDITIONS,	if ony, giv (A) sloling	Ving	lrene RA.	hized Ak	Teriosclerosi) *S	
rise lo UNDERLYII	OR CONDITIONS, the obove couse NG CONDITION tost.	if ony, give (A) stoling	ving The (C)	lrene RA.	hized Ak	Terioscleros)) 'S	
OTHER SIG	OR CONDITIONS, the obove couse NG CONDITION lost. II CONDITION DEATH BUT NOT OR CONDITION CAUSIN	if ony, give (A) stoling of the stolenger of the stolenge	ving The (C)_ THE					
OTHER SIG	OR CONDITIONS, the obove couse of the condition lost. II SUBJECT CONDITION DEATH BUT NOT INTO CAUSING CONDITION CAUSING CONDITION (198. 6)	if ony, give (A) stoling (B) SCONTRIBUTION TO NO IT.	ving The (C)_ THE			Noll 208. IF YES, WER	E FINDINGS CON	SIDERED
NOTHER SIGNOTHER	OR CONDITIONS, the obove couse NG CONDITION lost. II INIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. 6 WAS	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO	DN [20	A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CON AUSES OF DEATH	1?
OTHER SIGN TO THE DISEASE CO. 19A. DATE OF THE DISEASE	OR CONDITIONS, the obove couse NG CONDITION lost. II CONDITION DEATH BUT NOT INTERPRETATION CAUSIN OF OPERATION 1198. (WAS) DENT WAS UNDERLYIN	if ony, given (A) stoling IS CONTRIBUTED TO	ving The (C)_ THE	DN 20	A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CON	1?
OTHER SIGNOTOR DISEASE COLOR CONTRIBUTION OF C	OR CONDITIONS, the obove couse NG CONDITION lost. II INIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. 6 WAS	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO	DN 20	A. AUTOPSY? (Yes or	No) 208. IF YES, WER	E FINDINGS CON AUSES OF DEATH	1?
OTHER SIGN TO THE DISEASE CONTRIBUTION OF CONT	OR CONDITIONS, the obove couse NG CONDITION lost.	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 218. PLACE OF INJUI	RY (e.g., in or obstreet, office bla	A. AUTOPSY? (Yes or	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	1?
OTHER SIGNOTION TO THE	OR CONDITIONS, the obove couse NG CONDITION lost. INTERCANT CONDITION DEATH BUT NOT INTERCANT CONDITION OF OPERATION 1798. (WAS DENT WAS UNDERLYIN BUTING CAUSE OF	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The percentage of the percentage	RY (e.g., in or obsteet, office black	A. AUTOPSY? (Yes or out 21 C. WHERE DID Ig., INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CON AUSES OF DEATH	1?
OTHER SIGN TO THE DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, the obove couse NG CONDITION lost. II SURFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 1798. (WAS DENT WAS UNDERLYIN BUTING CAUSE OF ify medicol exominet) (Month) (Doy) (Y	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The percentage of the percentage	RY (e.g., in or obsteet, office black	A. AUTOPSY? (Yes or out 21C. WHERE DID Ig., INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING C	E FINDINGS CON CAUSES OF DEATH Fore City, give exoc	et locotion)
OTHER SIGN TO THE DISEASE CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. DENT WAS UNDERLYIN IBUTING CAUSE OF ify medicol exominet (Month) (Doy) (Y	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUINAME, form, loctory, etc.) 21E. INJURY OCCUR While At	RY (e.g., in or obstreet, office blacet, office blacet) RED Not While At Work	A. AUTOPSY? (Yes or out 21C. WHERE DID Ig., INJURY OCCUR?	Not 208. IF YES, WER IN CERTIFYING CO. (If in Boltim	E FINDINGS CON AUSES OF DEATH	17 (c)
OTHER SIGN TO THE DISEASE CONTRIBUTION OF INJURY (APPROX.)	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. DENT WAS UNDERLYIN IBUTING CAUSE OF ify medicol exominet (Month) (Doy) (Y	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUINAME, form, loctory, etc.) 21E. INJURY OCCUR While At	RY (e.g., in or obstreet, office blacet, office blacet) RED Not While At Work	A. AUTOPSY? (Yes or out 21C. WHERE DID Ig., INJURY OCCUR?	Not 208. IF YES, WER IN CERTIFYING CO. (If in Boltim	E FINDINGS CON AUSES OF DEATH	17 (c)
OTHER SIGN TO THE DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certithat (I) (w	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF ify medicol exominet) (Month) (Doy) (Y fy that (1) (this hosp e) lost sow the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUINATION OF THE OPERATION O	RY (e.g., in or obstreet, office black	A. AUTOPSY? (Yes or out 21C. WHERE DID III), INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6 to 5	E FINDINGS CON AUSES OF DEATH	17 (c)
OTHER SIGN TO THE DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certithat (I) (wand hour of contribution	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF ity medicol exominet) (Month) (Doy) (Y fy that (1) (this hosp e) lost saw the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUINATION OF THE OPERATION O	RY (e.g., in or obstreet, office black	A. AUTOPSY? (Yes or out 21C. WHERE DID III), INJURY OCCUR?	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6 to 5	E FINDINGS CONCAUSES OF DEATH	19 66.
OTHER SIGN TO THE DISEASE OF CONTRIBUTION OF CONTRIBUTION OF INJURY (APPROX.) 22. I certithat (I) (w	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF ity medicol exominet) (Month) (Doy) (Y fy that (1) (this hosp e) lost saw the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obsteet, office black of Work Al Work arm. MARK	A. AUTOPSY? (Yes or out 21C. WHERE DID III) INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING COUR? If in Boltim NJURY OCCUR? 19 66 to 6 that in (my) (our) out	pinion death oc	19 66 curred on the do
OTHER SIGN TO THE DISEASE OF CONTRIDENT OF INJURY (APPROX.) 21A. ACCIE OR CONTRIDENT (APPROX.) 22. I certithat (I) (wand hour of 23A. SIGNA	OR CONDITIONS, the obove couse NG CONDITION lost. II SINIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN BUTING CAUSE OF infy medicol exomine) (Month) (Doy) (Y Ty that (I) (this hasp e) lost saw the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obstreet, office blowns while and one) view the L.D. Allending Phys.	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6 to 5	pinion death oc	19 66
OTHER SIGN TO THE DISEASE OF CONTRIBUTE OF INJURY (APPROX.) 21. Certitat (I) (wand hour of 23A, SIGNA	OR CONDITIONS, the obove couse NG CONDITION lost. II SINIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198, (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF ity medicol exominet) (Month) (Doy) (Y fy that (1) (this hosp e) lost sow the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obstreet, office black of the black of th	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6 to 5 that in (my) (our) out.	pinion death oc	19 66 curred on the do
OTHER SIGN TO THE DISEASE OF CONTRIDENT OF INJURY (APPROX.) 21A. ACCIE OR CONTRIDENT (APPROX.) 22. I certithat (I) (wand hour of 23A. SIGNA	OR CONDITIONS, the obove couse NG CONDITION lost. II SINIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198, (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF ity medicol exominet) (Month) (Doy) (Y fy that (1) (this hosp e) lost sow the dece	if ony, given (A) stoling IS CONTRIBUTED TO	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obsteet, office block of the plant of the	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II	No) 208. IF YES, WER IN CERTIFYING COUR? 19 6 to 5 that in (my) (our) out.	pinion death oc	19 66 curred on the do
OTHER SIG TO THE DISEASE C 19A. DATE OR CONTRI DEATH (not DEATH (n	OR CONDITIONS, the obove couse NG CONDITION lost. II INIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 1798. CONDITION CAUSIN (WAS DENT WAS UNDERLYIN (BUTING CAUSE OF ify medical examine) (Month) (Doy) (Y Type) TURE CAUSE OF TURE CAUSE	if ony, given (A) stoling IS CONTRIBUTED TO NOTE IT. CONDITION FOR FORMED LIT (Hour)	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obsteet, office block of the control of the contro	A. AUTOPSY? (Yes or out 21C. WHERE DID III., INJURY OCCUR? 21F. HOW DID III. 2Ch. J. J. 19 J. J. and the body ofter death Med. Director DDRESS	No) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR?	pinion death oc	19 66 curred on the do
OTHER SIGN TO THE DISEASE OF CONTRIBUTE OF INJURY (APPROX.) 23A, SIGNA 23C, PHYSIC NAME	OR CONDITIONS, the obove couse NG CONDITION lost. II INIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 1798. CONDITION CAUSIN (WAS DENT WAS UNDERLYIN (BUTING CAUSE OF ify medical examine) (Month) (Doy) (Y Type) TURE CAUSE OF TURE CAUSE	if ony, gir (A) stoling IS CONTRIBUTED IS CONTRIBUTED IS CONDITION F PERFORMED IG IG Id Id Id Id Id Id	TING THE OR WHICH OPERATION 218. PLACE OF INJUITHOMME, form, loctory, etc 218. INJURY OCCURITY While At	RY (e.g., in or obstreet, office blowns of the blowns of t	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II A. AUTOPSY? (Yes or out	NO) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 66 to 5 that In (my) (our) or the state of the sta	pinion death oc	19 66 curred on the do
OTHER SIGN TO THE DISEASE CO 19A. DATE OF CONTRIBUTION OF CONT	OR CONDITIONS, the obove couse NG CONDITION lost. II SINIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN BUTING CAUSE OF Information (Month) (Doy) (Y Type) II AN'S (Type) REMATION, 24B. DATE (Specify) REMATION, 24B. DATE	if ony, gir (A) stoling IS CONTRIBUTED IS CONTRIBUTED IS CONDITION F PERFORMED IG IG Id Id Id Id Id Id	TING THE OR WHICH OPERATION 218. PLACE OF INJUITHOMME, form, loctory, etc 218. INJURY OCCURITY While At	RY (e.g., in or obstreet, office blowns of the blowns of t	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II A. AUTOPSY? (Yes or out	NO) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 66 to 5 that In (my) (our) or the LOCATION CO.	pinion death occurrence City, give exocurrence City, give exocurrenc	1966 Location 1966 Location 1966 NED 4-66 MA (Stole)
OTHER SIGNOTION THE CONTRIBUTION OF INJURY (APPROX.) 21A. ACCIE OR CONTRIBUTION OF INJURY (APPROX.) 22. I certiform that (I) (wand hour of 23A. SIGNA 23A. SIGNA 23A. BURIAL CREMOVAL BULLA 25A. DATE REC	OR CONDITIONS, the obove couse NG CONDITION lost. II SNIFICANT CONDITION DEATH BUT NOT OR CONDITION CAUSIN OF OPERATION 198. (WAS DENT WAS UNDERLYIN IBUTING CAUSE OF infy medicol exomines) (Month) (Doy) (Y Type) TURE CHANS (Type) CREMATION, 24B. DATE (Specify) CONDITION CAUSIN TO PROVIDE THE COUSE TO CONDITION (COUSE) CONDITI	if ony, given (A) stoling IS CONTRIBUTED TO NOTE (B) (B) (B) (B) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	TING THE OR WHICH OPERATIO 1218. PLACE OF INJUING The period of the deceased from the period of the period	RY (e.g., in or obstreet, office blowns of the blowns of t	A. AUTOPSY? (Yes or out 21C. WHERE DID 19., INJURY OCCUR? 21F. HOW DID II 21F. HOW DID II A. AUTOPSY? (Yes or out	NO) 208. IF YES, WER IN CERTIFYING CO. (If in Boltim NJURY OCCUR? 19 66 to 5 that In (my) (our) or the LOCATION CO.	pinion death occurrence City, give exocord City, give exocord City, give exocord City, give exocord City, town, or court Md.	19 66 curred on the do

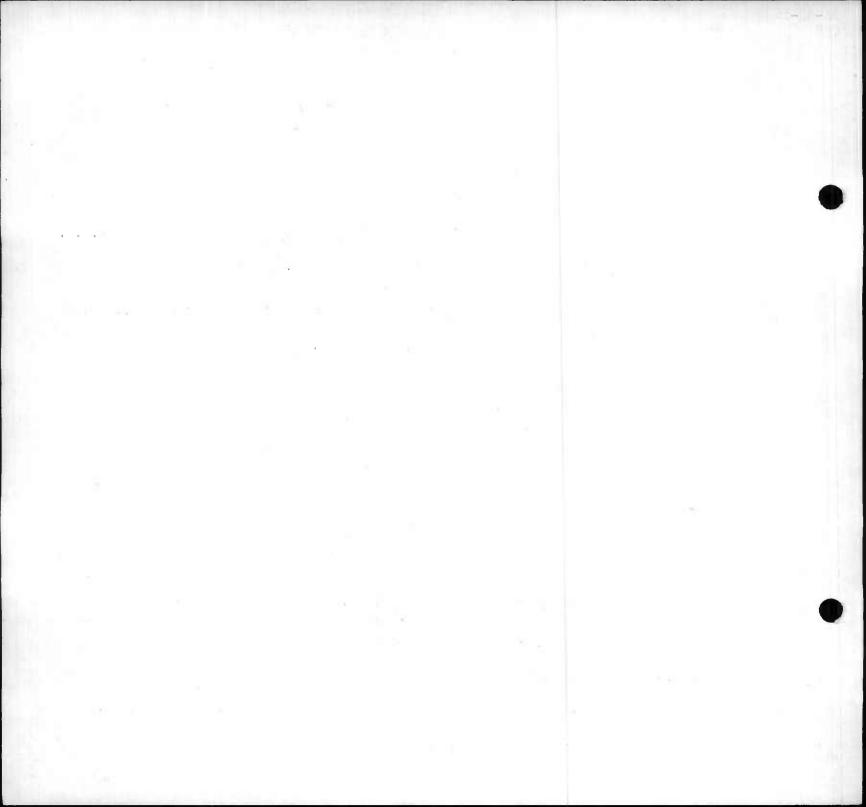


VS 150-REV. 1/1/65

34-85-56

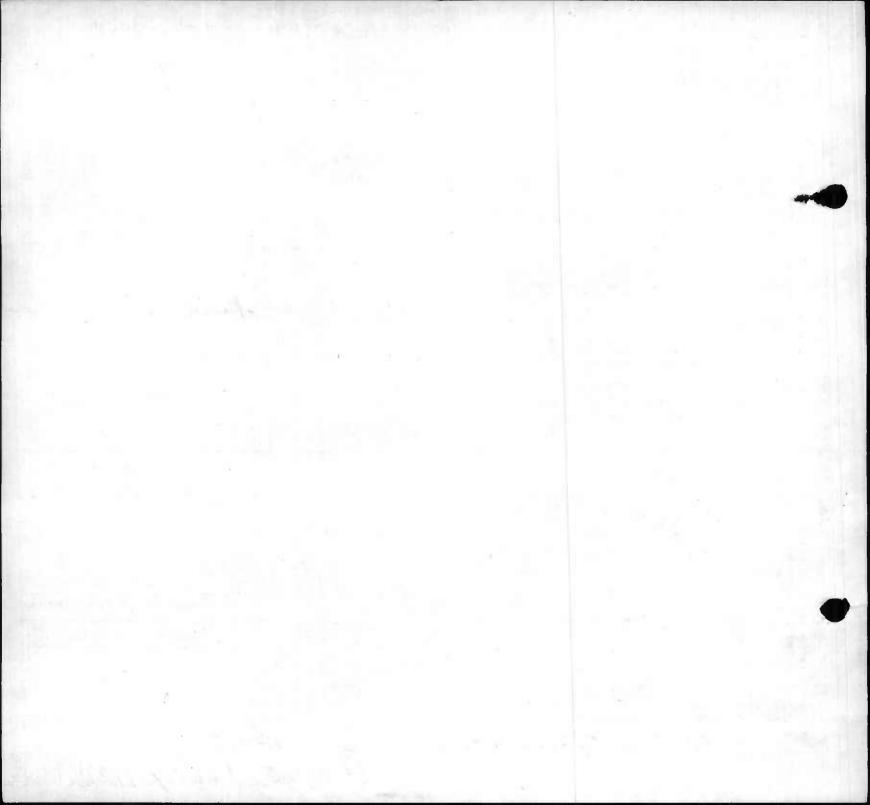
CRF

	L-000	BALTIMORE CITY	HEALTH DEPARTMENT		
	BIRTH NO. 66 0438	CERTIFICA	TE OF DEATH	Registered No.	04388
	M.E. CASE NO.			D HOUR OF DEATH	
	(Type or Print) Zuheen	LEE	APA	314 26.19	766 5:35 PM
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE (Where	e deceased lived. If insti	tution: residence before admission)
	FULL NAME OF (If not in hospital or institution HOSPITAL OR oddress or locotion)	n, give street	MARYLAND	BALTIM OF	
	INSTITUTION		BALTIM	ORF	Q 1
0	BALTIMORE CITY HO	CPITA-LS	D. STREET ADDRESS (If	urol, give location)	110
de.			5621 t	Belhe VI	HAE AVE
s made	F NEGRO WIDOW	ed, Never Married (specify) Married	9-8-39	26	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
n is	10A. USUAL OCCUPATION (Give kind of work 10B, KIND done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign	gn country)	12. CITIZEN OF WHAT COUNTRY?
dispasition	Nurse		DIShopville,	5, 6.	U.S.A.
pas	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM		1 11
disi	Samuel		Anna	Mª CAS	
	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service	SECURITY NO.	17. INFORMANT		ADDRESS
final			RECORDS: BCH, A	.940 Eastern	
0	18. 203 X 1	CAUSE O	FDEATH		INTERVAL BETWEEN ONSET AND DEATH
baimed	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) MU	LTIPLE M	YELOMA	11 MINTHS
alp	(This does not mean the made of dying, e. heart failure, asthenia, etc. It means the diseas	g., DUE TO			
E	injury or complication which caused death.) ANTECEDENT CAUSES	(B)	00 000000 00 00 00 00 00 00 00 00 00 00		
0	DISEASES OR CONDITIONS, if ony, givin		00 000000 00 00 00 00 00 00 00 00 00 00		
S ar	rise to the above cause (A) stoling the				
i.	ll ll				
remains	O THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
the	19A. DATE OF OPERATION 19B. CONDITION FOI	R WHICH OPERATION	20A. AUTOPSY? (Yes or No.	208, IF YES, WERE FIN	IDINGS CONSIDERED
ore			Yes		Yes
befo	OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in nome, form, foctory, street, of etc.)	fice bldg., NJURY OCCUR?	(If in Boltimore (City, give exect locotion)
Pe	21D. TIME (Month) (Doy) (Year) (Hour) 2	TE INJURY OCCURRED	21 F. HOW DID INJU	JRY OCCUR?	
ain	Z (ADBROY)	While At Not While Work At Work			
obte	22. 1 certify that 🏰 (this haspital) attended	the deceased from A.	PRIL 4 1	9 66 to ARR	14 26 1966
pe	that (() (we) last saw the deceased alive ar	APRIL 21			an death accurred an the date
	and have and from the causes stated above.		iew the bady after death.		
must	23A. SIGNATURE	anha MAD ANG	nding Med.	Stoff A	4-26-66
	#33CPHYSICIAN'S	Phy	s. Director	Phys.	7 26 66
approval	NAME (Type)		23D. ADDRESS	Poltin	MA #2122/
рр	DR. JAMES T. SPARKS 24A. BURIAL CREMATION, 24B. DATE 24C.	NAME of CEMETERY or CRE			ore, Md., #21224
	P REMOVAL (Specify)	0 1	Mem. Dr	h 1	Rolles MA
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAMI	E QE REGISTRAR	25C. FUNERAL DIRECTOR	114/45	ADDRESS
*	APR 29 1966 P.C. 68	Jane MA	MORTON F	Pyett	1701 LAURENS



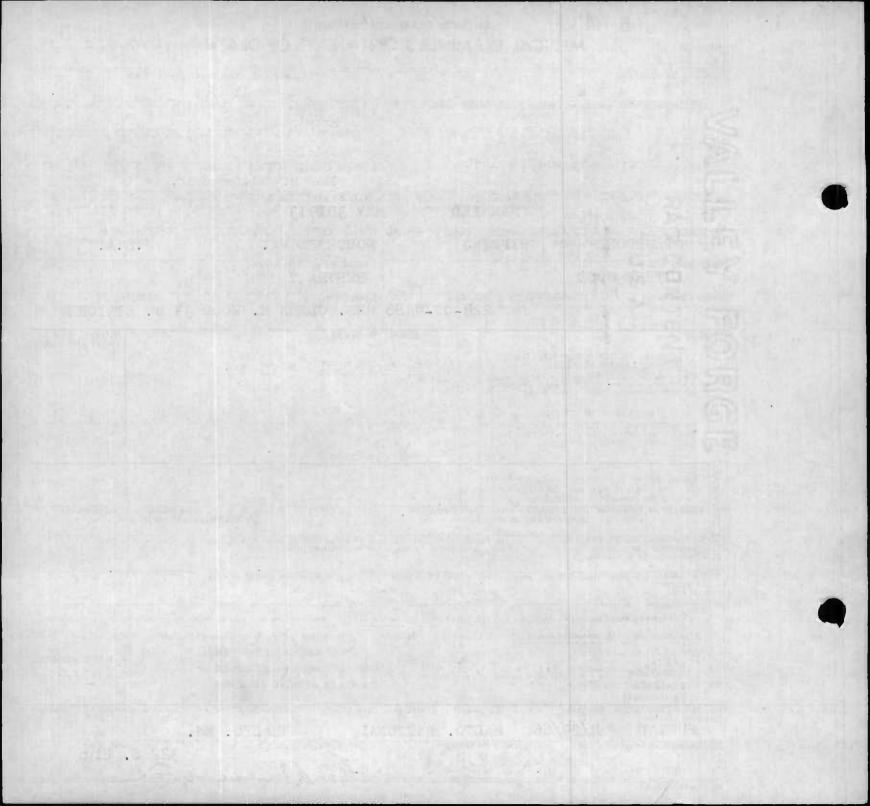
BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO.	66 04:	CERTIFICA	TE OF DEATH	Registered Nd.	14389
M.E. CASE NO. I.NAME OF DECE (Type or Print)		11	2. DATE A	ND HOUR OF DEATH	11150
6	Doake W.		MAN	112856/2	C. M.
FULL NAME OF		institution, give street	MCC. B. COU	NTY	astitution: residence before odmission)
HOSPITAL OR	oddress or locotion)	a em ila	Balto	utside city limits, write	RURAL and give township)
am	versity to	especar	1988 Par	H Hillen	e
S. SEX M.	6. RACE 7.	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthday)	If Under 1 Yr. 11 Under 24 Hrs. Months Doys Hours Min.
	PATION (Give kind of work 10 orking life, even if retired)	B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for	eign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAM	NE A	D #	14. MOTHERS MAIDEN NA	ME	
Solo	man Wel	Com	Susan	Fray	A
5. Was Deceased (es, no or unknown)	Ever in U. S. Armed Force: (II yes, give wor or dotes	of service) 16. SOCIAL SECURITY NO. 218-03-7819	him sel	4-Bessil 1	Welhern Same
18. / 6	/ V 1 = 9	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	E OR CONDITION DIREC	CTLY E	P. Pr. Dual.	m Da	ONSE! AND DEATH
	LEADING TO DEATH	ving, e.g., DUE TO	amonary	allen	9
heort foilure,	osthenio, etc. It means th	ne disease,	1 %		
	plication which caused d	Both.)	mostaku	2 milley	avia
	NTECEDENT CAUSES	DUE TO		1.10	
	R CONDITIONS, if on obave cause (A) s		Museuq.	of the or	le dun
UNDERLYING	CONDITION fost.			0	
TO THE DI	II FICANT CONDITIONS CO EATH BUT NOT RELATE CONDITION CAUSING IT.				
		TION FOR WHICH OPERATION RMED ACATEM ONG OF MEE	20A. AUTOPSYR (Yes or N	10) 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OR CONTRIBU	IT WAS UNDERLYING TING CAUSE OF medical examined	21B. PLACE OF MJURY (e.g., in home, lorm, loctory, street, of etc.)	n or obout 21 C. WHERE DID	(II in Boltimor	e City, give exoct locotion)
Ω 21 D. TIME	(Month) (Doy) (Year)	(Hour) 21E INJURY OCCURRED	21 F. HOW DID IN	JURY OCCUR?	
(APPROX.)		While At At Work			
22 1	shee (1) (ship because)		4///	10 6/2 - 4	12.8 10/0/
		attended the deceased from	th 10 6 h	Las != (=\ /\	(alan daath as a said that he
	lost sow the deceased	dilve bil			Inlon death accurred on the date
23A. SIGNATU		d abave. (I) (We) (dld) (did nat) v	riew the bady after death.	•	23 B. DATE SIGNED
Miles	Your har	An M.D. Atte	ending Med.	Stoll	April 28 th
23C. PHYSICIA	1200, 112089	serry fee Phy	23 D. ADDRESS	Phys.	HING 28
MAME, IT	1	1	1/10/10 61	/ 1	
VLGL.	I nor I hors	teinsson M.D.	C1010- (48	spetal	
BEMOVAL (S	MATION, 24B. DATE	24C. NAME of CEMETERY OF CRI	EMATURY 24D.	LOCATION (C	ity, lown, or county) (Stote)
Buria	5/21/6		rn /c	allem	asl only.
APR	29 1966 P 2	SE NAME OF REGISTRATE.	250 FUNERAL DIRECTO	Alin	Pier 1727 Moura
/S 150-REV. 1/1/6	5		The state of the	The state of the s	The state of the s



		66 04390				66 04390
BIRT	H NO.	MEDI	ICAL EXAMINER'S C	ERTIFICATE OF	DEATH Registe	red No
-	CASE NO.					
(Ty	De or Print)				D HOUR PRONOUNCE	
		WARD W WOO			ril 1966	8:00 p.
3. P	LACE IN BA	LTIMORE, MARYLAND, W	HERE PRONOUNCED DEAD	A. STATE	B. COU	tution: residence before admiss
FUL	L NAME OF	(IF NOT IN HOSPITA	AL OR INSTITUTION, GIVE STREET	Maryland C. CITY OR TOWN (If autsid	I	PILPAL and also tassachial
HO IN S	SPITAL OR	ADDRESS OR LOCA	(TION)		le corporare umirs, write	KOKAL ond give lownships
10		Church Home an	d Hospital	Baltimore		000
0		march frome an	a mospical	D. STREET ADDRESS (If rural,		
					ltimore St.	
5. S		6. RACE	7. MARRIED, NEVER MARRIED WIDOW ADD BY ORGED (specify)	MAY 30 1913	9. AGE (In years lost birthday) 52	If Under 1 Yr. If Under 24 Manths Days Hours Mi
	male	caucadian	HARRIED	TIAL JULY 13	52	
		CUPATION (Give kind of world)	SHIPPING	NORCROSS VA.	gn country)	12. CITIZEN OF TWHAT COUNTRY?
13, 1	LUT	MER WOOD		14. MOTHER'S MAIDEN NAM BERTHA ?	E	
15.3	WAS DECEAS	SED EVER IN U.S. ARMED	FORCES? 116. SOCIAL	17. INFORMANT		ADDRESS
		n) (If yes, give war ar dote			. WOOD 33	S. STRICKER
					7	
		ASE OR CONDITION DI LEADING TO DEATH anot mean the mode of te, osthenra, etc. It means complication which caused	RECTLY Intra	of DEATH	nage.	INTERVAL BETWEE
		ANTECENDENT CAUSE	2			
	RISE TO T	OR CONDITIONS, IF A THE ABOVE CAUSE (A) S' TING CONDITION LAST.	NY, GIVING (B)		******************************	***************************************
Z			(C)	***************************************		
12		11			I S SAUTH OF	
IFICATION	TO THE	GNIFICANT CONDITIONS DEATH BUT NOT RE OR CONDITION CAUSING	LATED TO THE			
CERTIFI	19A. DATE C	OF OPERATION 198, CON WAS PER	DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes at Na) yes		NDINGS CONSIDERED SES OF DEATH? YES
EDICAL	UNDERLYING	AL CAUSE WAS GOR CONTRIB- USE OF DEATH.	218, PLACE OF INJURY (e.g., hame, farm, factory, street, etc.)	in or obout 21C. WHERE DID office bldg., INJURY OCCUR?	(If in Boltimore City, gi	ve exoct locotion)
Σ	21 D TIME OF INJURY (APPROX.)	(Manth) (Day) (Year		21F, HOW DID INJ	URY OCCUR?	
		ortify that I held on I			is bosis, deoth in m	
	res	ulted fram: Natural ca	uses X Accident Suicid	le	Undetermined monne	er

DATE SIGNED ACTUAL SIGNATURE. M.D. ASSISTANT MEDICAL EXAMINER 4/16/66 ASSOCIATE MEDICAL EXAMINER EXAMINER'S NAME (Type) 23A. BURIAL CREMATION, 23B. DATE REMOVAL (Specify)
BURIAL 4/29/ 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, tawn, ar caunty) (State) 4/29/66 6 BALTO. NATIONAL BALTO. Md. 24C. FUNERAL DIRECTOR 322 S. High 1966 O. C. & E. FaleyMA VS 151-REV. 1/1/65



FIINERAL DIRECTOR: IMPORTANT	MPOR	TANT							H:
by the chief medical examiner or his assistant if death occurred in a hospital and	r or his ass	stant	f dea	th oc	curre	ui p	hospi	ital an	25
ure; (2) Body burns; (3) A fractu	ure of any	kind; (4	Dun (1	etern	nined	caus); (5) D	ecedse	12
where the physician who pronounced death was in regular attendance on the No physician was in regular attendance on the deceased prior to death. Such	onounced r attendan	ce on t	was a	BCGGS	ed pr	rior +	o deat	on th	1
d before the remains are embalmed or final disposition is made.	almed or f	nal dis	position	si no	made.	1			
		1 (1	- 4	Chill			11 (8

any nat

of hospital

accident

the body

shows:

SD

0

to An D.O.A.

BALTIMORE CITY HEALTH DEPARTMENT 66 04391 66 04391 Registered No. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH Type or Print) Sarah J. Hawkins 4-26-66 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. PLACE OF DEATH IN BALTIMORE, MARYLAND A. STATE B. COUNTY FULL NAME OF (If not in hospitol or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Balto. 1742 Druid Hill Ave. D. STREET ADDRESS (If rural, give location) 1742 Druid Hill Ave. 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years tf Under 1 Yr. If Under Months Days Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) last birthday) Negro 2-17-66 widowed 100 IDA. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) Maryland U.S.A. 3. FATHER'S NAME Julian Harris 14. MOTHER'S MAIDEN NAME 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO. Florence Wilson 1742 Druid CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examined MEDI (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (except ; and (6) e obtaine OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 4-26.66 and that in(my) (our) bpinion death occurred on the date death) ated_abave. (1) (We) (dld) (did nat) view the bady after death. must Attending [M.D. Stoff 0 Phys. approval Phys. 23 C. PHYSICIAN'S NAME (Type) prior 23D. ADDRESS 24A. BURIAL CREMATION, eceased 24D. LOCATION REMOVAL (Specify) Burial Cooper Chaple Cemetery Maryland

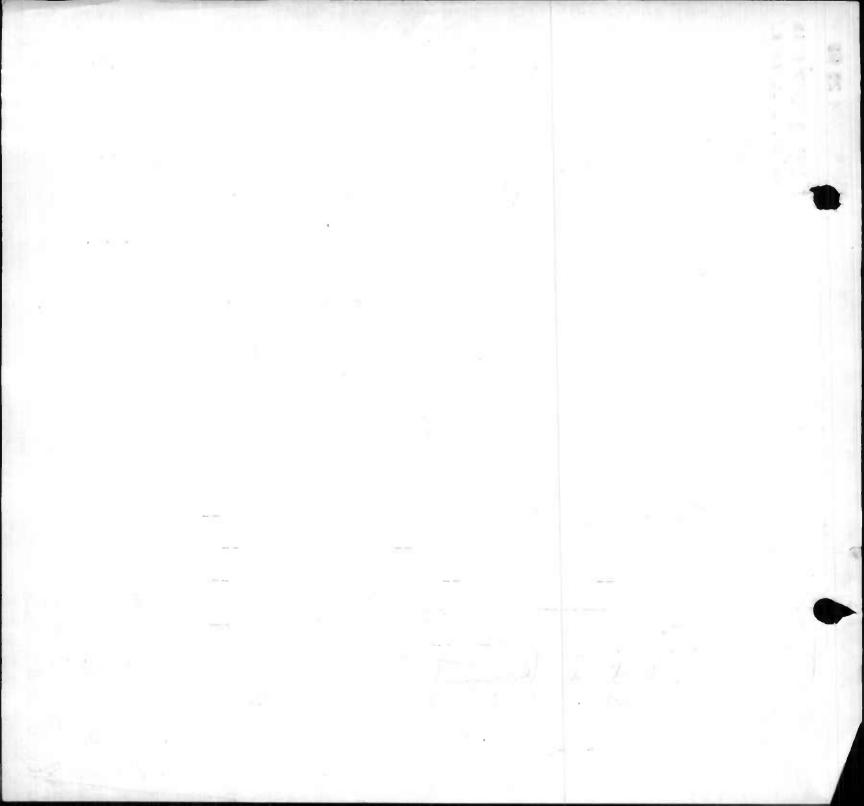
written Calvert County, 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR TO VS 150-REV. 1/1/65

augusty I Inafferen 2 with Danile Centers sollers 12 1/2 Hypertherin Popul 4-26-66 Jun 38 4-26-66 Sent Penteron 1723 And Hill Com

VS 150-REV. 1/1/65

NAME OF DECEASED	DATE /	ND HOUR OF DEAT	U	
William A. Alston		6-66	10:55 a	
PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (WI	4. USUAL RESIDENCE (Where deceased lived. Il institution:		
	A. STATE B. COL	NTY	1607	
FULL NAME OF (If not in hospital or institution, give street oddress or location)	Maryland	outside city limits, writ	e RURAL and give township)	
INSTITUTION	Baltimore			
3		frurol, give location)		
The Johns Hopkins Hospital	2913 Press	tman Stre	et	
SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. If Under 24 H Months: Doys Hours Min.	
Male Negro Widower (specify)	2-14-2929 04	62	North Soys (10013)	
A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?	
one during most of working life, even if retired)	Ga.		WHAT COUNTRY:	
. FATHER'S NAME	14. MOTHER'S MAIDEN N	AME	U.S.A.	
The Control of the Co				
Ed Alston Wos Deceosed Ever in U. S. Armed Forces? 16. SOCIAL	Betty Simmo	n	ADDRESS	
es, no or unknown) (III yes, give wor or doles of service) SECURITY NO.		etan 201	3 Presstman St.	
	nerbert hoy	2001 291		
1B. CAUSI	E OF DEATH		ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY				
LEADING TO DEATH	tastatic thyr	oid carcin	noma months	
heart failure, asthenia, etc. It means the disease, injury or complication which coused death.)				
ANTECEDENT CAUSES (B)				
	HERE And Michigan Committee of the Commi			
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the (C)				
DISEASES OR CONDITIONS, if ony, giving				
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION tost.				
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION tost.				
DISEASES OR CONDITIONS, if ony, giving use to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Nol 208. IF YES, WES	RE FINDINGS CONSIDERED	
DISEASES OR CONDITIONS, if ony, giving use to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or	Nol 208. IF YES, WES		
DISEASES OR CONDITIONS, if ony, giving tise to the above cause (A) stating the UNDERLYING CONDITION tost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED March 1966 Thyroid Mass 21A. ACCIDENT WAS UNDERLYING TO 21B. PLACE OF INJURY (e.	20A. AUTOPSY? (Yes or nO	No) 208, IF YES, WES	RE FINDINGS CONSIDERED	
DISEASES OR CONDITIONS, if ony, giving ise to the above cause (A) stating the UNDERLYING CONDITION tost.	20A. AUTOPSY? (Yes or	No) 208, IF YES, WES	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost.	20A. AUTOPSY? (Yes or 10 19., in or obout 21 C. WHERE DID 1, office bldg., INJURY OCCUR?	No) 20B. IF YES, WEI IN CERTIFYING (sour tops (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE DISEASE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify median personner) 21B. PLACE OF INJURY (e. home, form, loctory, stree etc.)	20A. AUTOPSY? (Yes or 10 19., in or obout 21C. WHERE DID 1, office bldg., INJURY OCCUR?	No) 20B. IF YES, WEI IN CERTIFYING (sour tops (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED TO THE UNIT OF CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notifly mediate) cause of DEATH (notifly mediate) (Popy) (Yeor) (Hour) 21E. INJURY OCCURRED OF CONTRIBUTION (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or NOg., in or obout 21C. WHERE DID to office bldg., INJURY OCCUR?	No) 20B. IF YES, WEI IN CERTIFYING (sour tops (If in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify mediappexominer) 21B. PLACE OF INJURY (e.bome, form, loctory, stree etc.) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED While At Work Not Work	20A. AUTOPSY? (Yes or nO). g., in or obout 21 C. WHERE DID to olfice bldg. INJURY OCCUR? 21F. HOW DID II	Nol 208. IF YES, WES IN CERTIFYING (Down the Color of t	RE FINDINGS CONSIDERED CAUSES OF DEATH?	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost.	20A. AUTOPSY? (Yes or nO). g., in or obout 21C. WHERE DID to office bldg. INJURY OCCUR? 21F. HOW DID II While	Nol 208. IF YES, WEI IN CERTIFYING (III in Boltin	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locotion)	
DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CORRESPONDED CAUSE OF DEATH (notify mediaphexominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased of or on 14/26	20A. AUTOPSY? (Yes or NO. g., in or obout 21C. WHERE DID to office bldg. INJURY OCCUR? 21F. HOW DID II While	No. 20B. IF YES, WEI IN CERTIFYING (DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locotion)	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost.	20A. AUTOPSY? (Yes or NO. g., in or obout 21C. WHERE DID to office bldg. INJURY OCCUR? 21F. HOW DID II While	No. 20B. IF YES, WEI IN CERTIFYING (DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exact location)	
DISEASES OR CONDITIONS, if ony, giving nise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED OR CONTRIBUTING CAUSE OF CORRESPONDED CAUSE OF DEATH (notify mediaphexominer) 21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. I certify that (I) (this hospital) ottended the deceased from that (I) (we) lost sow the deceased of or on 14/26	20A. AUTOPSY? (Yes or no obout 21C. WHERE DID to olfice bidg., INJURY OCCUR? 21F. HOW DID II While 24/19/66 19 66 ond Attending Med.	No. 20B. IF YES, WEI IN CERTIFYING (DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin NJURY OCCUR? 19 660 that in (my) (our) of the in	RE FINDINGS CONSIDERED CAUSES OF DEATH? There City, give exect locotion? 4/26 1966 Popinion death occurred on the death occurred occurred on the death occurred occurred on the death occurred occurr	
DISEASES OR CONDITIONS, if ony, giving lise to the above cause (A) stating the UNDERLYING CONDITION tost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE OF DEATH (notify mediappexominer) 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CONTRIBUTION CAUSE OF CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CONTRIBUTION CAUSE OF CAU	20A. AUTOPSY? (Yes or NO. g., in or obout 21C. WHERE DID to office bldg. INJURY OCCUR? 21F. HOW DID II While 1 4/19/66 1966	No. 20B. IF YES, WEI IN CERTIFYING (DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN OF THE INC. 1985 (III in Boltin DOWN DOWN DOWN DOWN DOWN DOWN DOWN DOWN	RE FINDINGS CONSIDERED CAUSES OF DEATH? nore City, give exoct locotion) 4/26 1966 appinion death occurred on the d	

Mt. Auburn Cemetery Baltimore, Maryland Burial 1. Slorge D. Kelson ADDRESS



24B, NAME OF REGISTRAR

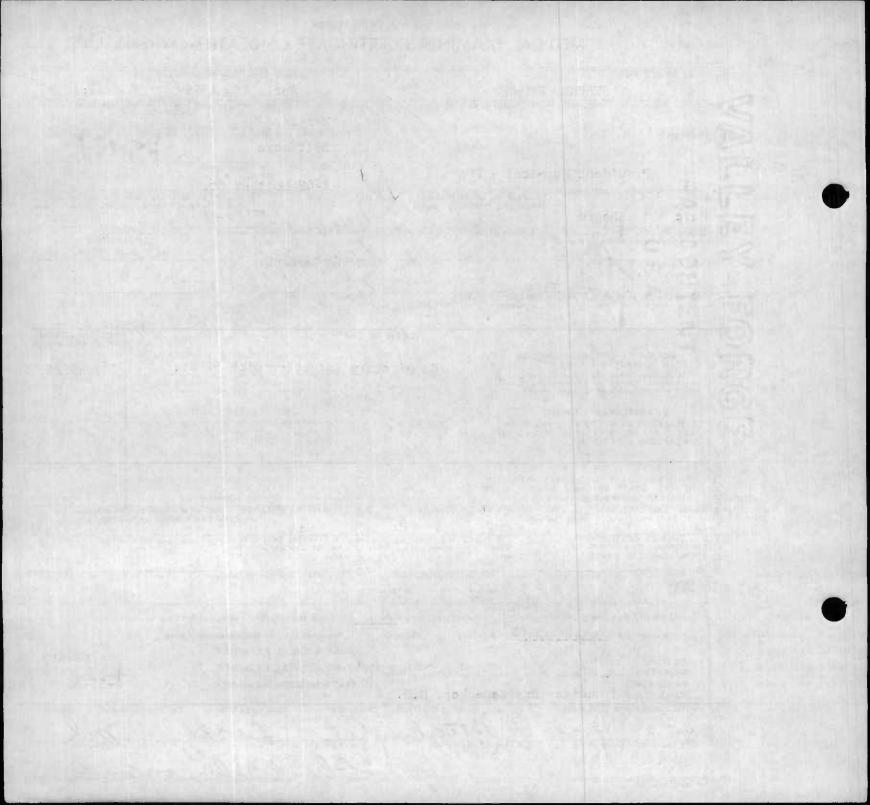
24C. FUNERAL DIRECTOR

Dury

VS 151-REV. 1/1/65

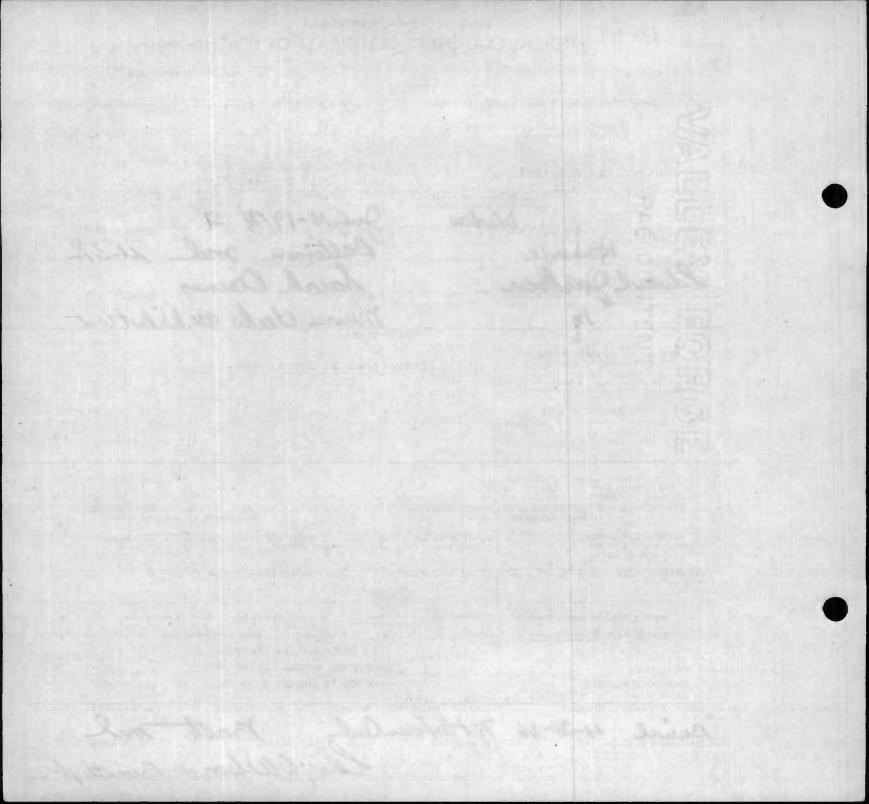
24A. DATE REC'D BY HEALTH DEPT.

1968 (12



- 1		
	BIRTH	N
	M.E.	CA

BIRTH NO. MEDICAL EXAMINER'S C	CERTIFICATE OF DEATH Registered No.
M.E. CASE NO.	
1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD
VONZELLA FINNEY	Μ.
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission B. COUNTY
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET	Maryland
HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (II autside corporate limits, write RURAL and give township)
	Baltimore \ ()
University Hospital	D. STREET ADDRESS (If rural, give lacotion)
	1019 Bennett Place
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. Months, Doys, Hours, Min.
Female Negro WIDOWED, DIVORCED (specify)	Q. A. 10-19 My 51
10A. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR INDUSTR	
dane during mast af warking life, even il retired)	But to what country
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Iduar O as Bar	1 1 Da
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	17/INFORMANT ADDRESS
(Yes, na or unknown) (II yes, ove war ar dates of service) SECURITY NO.	So : al A . 11'a 11
no	Merian Cheeks 924 Webot Court
18. 3 3 / V L CAUS	E OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	ONSE! AND DEATH
LEADING TO DEATH	ncerebral Hemorrhage.
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,	
injury ar complication which caused deoth.)	
ANTECENDENT CAUSES	
DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO	
UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING IT.	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
₹ 21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g.,	in or obaut 21C. WHERE DID (If in Boltimare City, give exact lacotion)
	office bidg., INJURY OCCUR?
O TIMO CAUSE OF DEATH.	
21D TIME (Month) (Day) (Year) (Haur) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) WHILE AT NOT	WHILE WORK
22.	
	and that on this basis, death In my apInIon
resulted from: Natural couses X Accident Suicia	de Homicide Undetermined monner
	CHIEF MEDICAL EXAMINER DATE SIGNED
SIGNATURE (Carles 1 Luty M.E	ASSISTANT MEDICAL EXAMINER X
EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 4/26/66
NAME (Type) Charles S. Petty, M.D.	
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY REMOVAL (Specify)	or CREMATORY 23D. LOCATION (City, lawn, or county) (State)
Burnel 4-28-26 metalone	Carl Balt mal
24A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	24C. FUNERAL DIRECTOR ADDRESS
APR 29 1966 (0 0 4 2 Falling	Ph. Oll
C. Capara	May Willson 1000 Brountle the
VS 151-REV. 1/1/65	



BALTIMORE CITY HEALTH DEPARTMENT 66 04395 MIRTH NO. CERTIFICATE OF DEATH of death Deceased M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH uo (Type or Print) April 27, 1966 DRUMGOLD, Hammond (NMI) hospital 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before odmission)
A, STATE
B, COUNTY death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND attendance irect or contributing cause (4) Undetermined cause; (5) FULL NAME OF HOSPITAL OR INSTITUTION Maryland Baltimore (If not in hospital or institution, give street address or tacation) C. CITY OR TOWN (If outside city limits, write RURAL 0 Veterans Administration Hosp. Baltimore prior 3900 Loch Raven Boulevard D. STREET ADDRESS (If rurol, give location) Baltimore, Maryland 21218 1035 McDonough St. made. regular S. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify)
Never Married Negro Male 2-2-94 10A USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) death isposition done during most of working life, even if retired) North Carolina Unknown Seaman Was the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME direct Chaney Taylor Henry Drumgold IMPORTANT assistant uo death v 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT RECORDS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. V. A. Hospital, Baltimore, Md. 21218 attendance 231-12-4416 1-17-18 to 3-1-19 Yes any pronounced CAUSE OF DEATH OL 41000 DISEASE OR CONDITION DIRECTLY embalmed LEADING TO DEATH Malnutrition, severe, secondary (This does not mean the mode of dying, e.g., to Total Gastrectomy 1948 FUNERAL DIRECTOR: gular hearl foilure, osthenia, etc. It means the diseose, injury or camplication which coused death.) who ANTECEDENT CAUSES 9 are (3) A DISEASES OR CONDITIONS, if any, giving la the above couse (A) stating the E physician the remains UNDERLYING CONDITION last. Was (2) Body burns; OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Tuberculosis, Pulmonary, Inactive TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED the 0 WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? Yes ore Yes 218. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? 21 AL ACCIDENT WAS UNDERLYING (If in Boltimore City, give exact location) where OR CONTRIBUTING CAUSE OF the body was released to the hospital shows: (1) An accident of any nature; (; °Z DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Month) (Doy) (Year) 9 (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? approved (except While At Not While [(APPROX.) and Work At Work 22. I certify that (I) (this hospital) attended the deceased fram February to April 27 April 27 ond that in (my) (our) apinion death accurred on the date be that (M (we) lost sow the deceased plive an death) hospital and hour and fram the causes stated above. (1) (We) (did) (did) view the bady after death. must 23A, SIGNATURE M.D. Attending Med. 40 Director Phys. approval 0 23C. PHYSICIAN'S prior 23 D. ADDRESS at MARY LOU MCILHANY M.D. D.O.A. deceased p 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) SID

3

VA Hospital, Baltimore, Maryland (City, town, or county) 2SA. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS VS 150-REV. 1/1/65

and give township

ADDRESS

18 years

6 vears

23 B. DATE SIGNED

4/28/66

66

(Stote)

INTERVAL BETWEEN

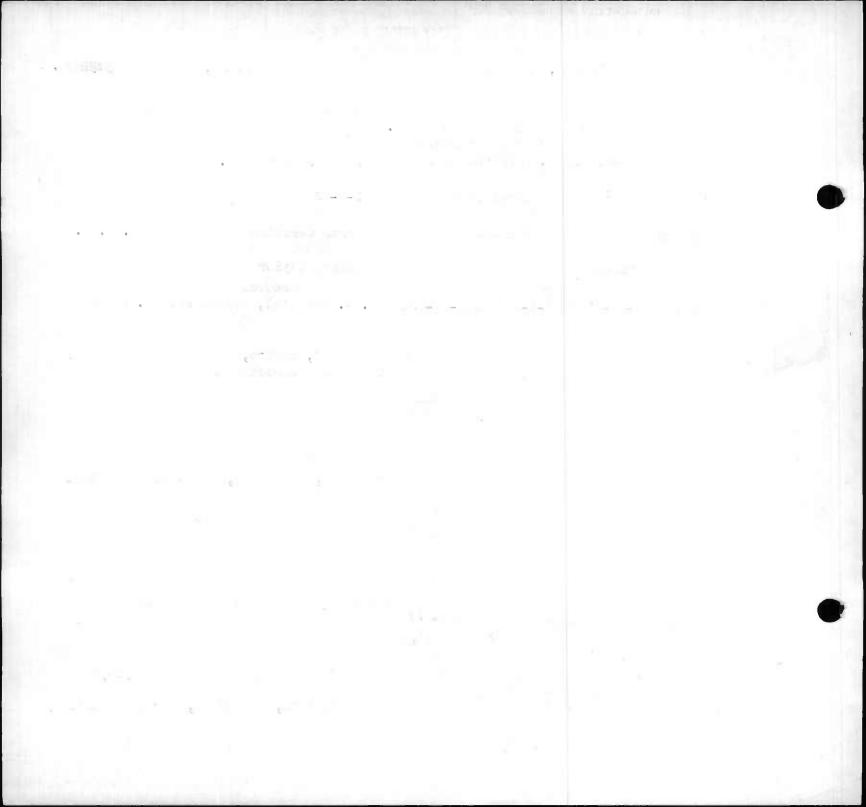
ONSET AND DEATH

If Under 24 Hrs.

Hours

If Under 1 Yr.

12. CITIZEN OF WHAT COUNTRY?



EXAMINER'S NAME (Type)

24A. DATE REC'D BY HEALTH DEPT.

APR 29 1966 (LCa

23B. DATE

23A. BURIAL CREMATION, REMOVAL (Specily)

VS 151-REV. 1/1/65

Rudiger Breitenecker, M.D.

248 NAME OF REGISTRAR

23C. NAME OF CEMETERY OF CREM ATORY

	BALTIMORE CITY HEAD MEDICAL EXAMINER'S C	ERTIFICATE OF DEATH Registered No. 114396		
	M.E. CASE NO.			
Н	1. NAME OF DECEASED	2. DATE AND HOUR PRONOUNCED DEAD		
	PAUL WOODLEY	April 23, 1966 9:45 A _M		
	3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived. II institution: residence before admission) A. STATE Maryland		
	FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
9	1622 E. Lombard St.	D. STREET ADDRESS (If word, give locotion) 1622 E. Lombard St.		
	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Wildowsch	8. DATE OF BIRTH 9. AGE (In years If Under 1 YI, If Under 24 Hrs. Months Days Hours Min. 8. DATE OF BIRTH 9. AGE (In years If Under 1 YI, If Under 24 Hrs. Months Days Hours Min.		
	done during most of working life, even if retired	Va WHAT COUNTRY?		
Joseph Woodley		12. INFORMANT ADDRESS		
	(Yes, no rrunknown) (If yes, give wor or dotes of service) W 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no rrunknown) (If yes, give wor or dotes of service) 215-09-6419	albert Woodley Karmillan an		
Protocity -		E OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
	Olsease OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head follower, osthenio, etc. It means the disease, injury or complication which coused death,)	riosclerotic cardiovascular disease		

	Joseph Woodland		all: m	Asley	
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOC SEC SEC	URITY NO.	17. INFORMANT	Al	DDRESS
	no 215	-09-6419	albert Wood	low Karmie	ton on
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., heort foilure, osthenio, etc. It meons the disease, injury or complication which coused death,)		of DEATH	diovascular di	INTERVAL BETWEEN ONSET AND DEATH
~	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B)			
TIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
CER	19A. DATE OF OPERATION 198. CONDITION FOR WHICH WAS PERFORMED	OPERATION	20A. AUTOPSY? (Yes or No	20B. IF YES, WERE FINDI	
EDICAL	21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21B. PLACE home, lorn, etc.)	OF INJURY (e.g., it loctory, street, of	n or obout 21C, WHERE DID ffice bidg., INJURY OCCUR?	(If in Boltimore City, give e	exact location)
Σ	21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY (APPROX.) WHILE A WORK	NOT WAT WO		URY OCCUR?	45.6
	22. I certify that I held an Inquiry Inspe	ection X Auto	apsy and that an ti	his basis, death in my d	pinian
	resulted framy Natural causes X Acciden	Suicide	Hamleide .	Undetermined manner	
	ACTUAL SIGNATURE	M.D.	CHIEF MEDICAL E		DATE SIGNED

ASSOCIATE MEDICAL EXAMINER

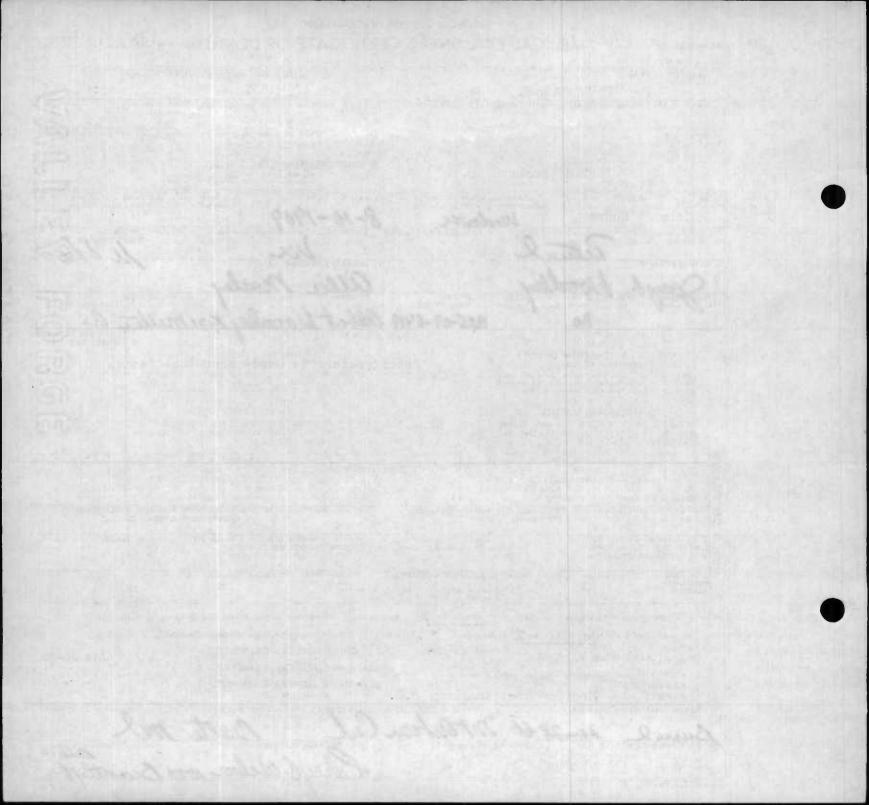
24C. FUNERAL DIRECTOR

23D. LOCATION

4-23-66

(Stote)

(City, town, or county)



of death Deceased ПО hospital ance Undetermined cause; (5) contributing cause attend 0 prior occurred regular deceased = SD the 4 death 00 kind; attendance any pronounced of fracture the chief medical examiner regular who 4 (T) physician physician was Body the 0 where the body was released to the hospital °N nature; 9 (except and any death); of hospital shows: (1) An accident 10 O

to

D.O.A.

M dis

VS 150-REV, 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered N.6. 14397 66 04397 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) A. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Lucy Curry
3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give stroot Maryland FULL NAME OF HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township) INSTITUTION Provident Hospital Baltimore 1514 Division Street D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 934 Harlem Avenue made B. DATE OF BIRTH 6. RACE 7. MARRIED, NEVER MARRIED 9. AGE (In yours 5. SEX If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdov Female Negro Single 2-14- 87 7

10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Slote or foreign country) 12. CITIZEN OF disposition done during most of working life, even it retired) WHAT COUNTRY? None None Maryland
14. MOTHER'S MAIDEN NAME U.S.A 13. FATHER'S NAME Unknown Unknown 15, Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT ADDRESS final (Yes, no or unknown) (If yes, give wor or dates of service) 934 Harlem Avenue Ada Green CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Conjestive heart Failure (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the diseose, injury ar camplication which coused death.) (B) ASH ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving la the obave cause (A) sloting the the remains UNDERLYING CONDITION last. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yos of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21 B. PLACE OF INJURY (o.g., in or obout 21 C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exect location) DEATH (notify medical examiner be obtained (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While [(APPROX) At Work 19 66 ta April 22. I certify that (1) (this hospital) attended the deceased fram April 19 66 that (I) (we) last saw the deceased glive on April and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (did nat) view the bady after death. 23A, SIGNATURE 23B DATE SIGNED Attending Med. Stoff Phys. Director Phy s. April 26, 1966 approval 23C. PHYSICIAN'S 23D. ADDRESS prior M.D. Roger Theodore Division Street 24C. NAME of CEMETERY pespese REMOVAL (Specify) HEALTH DEPT. 1966 258. NAME OF REGISTRAR ADDRESS 25C. FUNERAL DIRECTOR 70

caltimore, Marghand

Stagis

-41-5

Maryland

Sene

neers one

0 1 2 4

Agesta 25,

, Va _ _ _ 34:

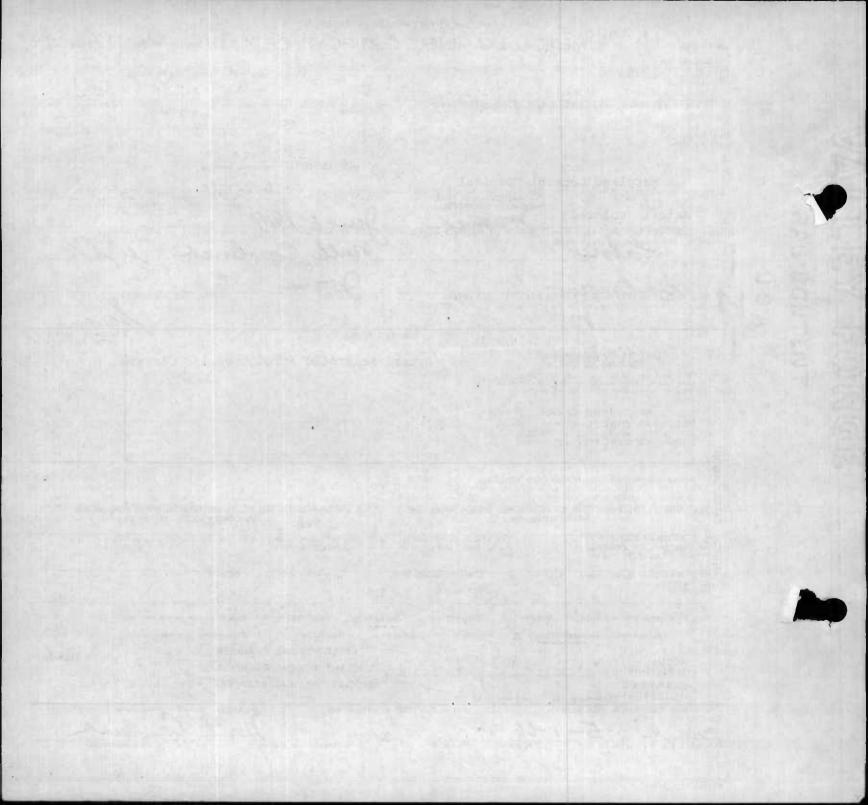
the second

STREET SAMES

ABSEL DELL'AMENTA

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66 143 MEDICAL EXAMINER	'S CEF	RTIFICATE (OF DEATH Regi	stered No.	4358
M.E. CASE NO. 1. NAME OF DECEASED					
(Type or Print) Ronnie Cotton		2. DA	TE AND HOUR PRONOU	28/66	10.50
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	14	. USUAL RESIDENCE	Where deceased lived. If		10:50 a.
		A. STATE	yland B. C	COUNTY	
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STRI HOSPITAL OR ADDRESS OR LOCATION)	EET		outside corporate limits,	write RURAL ond	give township)
NSTITUTION		Bal	ltimore	13	03
		D. STREET ADDRESS			
Maryland General Hospital		710	Lennox St.		
S. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specif		DATE OF BIRTH	9. AGE (In year lost birthdoy)	ors Il Under I	Yr. If Under 24 H
male colored manie	'7'	Jana 1 1	914 46	77.011.113	110013
OA. USUAL OCCUPATION (Give kind of work TOB. KIND OF BUSINESS OR IN	NOUSTRY	BIRTHPLACE (Stote	ir foreign country)	12. CITIZEN	OF
lone during most of working lift, even if refired)	4	mostle 0	an Sund	WHAT	COUNTRY?
3. FATHER'S NAME	12	MOTHER'S MAIDEN	NAME		4/1
1101 Parent		Joans	- 8		
5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL Yes, no or unknown), lif yes, give wor or dotes of service SECURITY NO		INFORMANT		ADDRESS	17
Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO	٥.			A.	C - 0
118.	CALLSE	OF DEATH		C	NTERVAL BETWEEN
428,11	CAUSE	DEATH			DISET AND DEAT
	rterio	sclerotic ca	ardiovascular	disease	
(This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	O		0		
ANTECOM DENT CALIEFE					
DISEASES OR CONDITIONS, IF ANY, GIVING (8) DUE 1	TO	*************************			^~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				1,111,121,11	
			••••••••		*****
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT BELATED TO THE					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	***************************************		•••••		
DISEASE OF CONDITION CAUSING IT.	ON	20A. AUTOPSY? (Yes YES	IN CERTIFYING C		
O UNDERLYING UOR CONTRIS- Ihome, form, foctory,	RY (e.g., in street, office	or obout 21 C. WHERE	DID (II in Boltimore City UR?	, give exact loca	otion)
UTING CAUSE OF DEATH.					
21D TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCC	CURRED	21F. HOW DI	D INJURY OCCUR?		
(APPROX.) WHILE AT WORK	NOT WH	HILE			
22. certify that I held an Inquiry Inspection	Autop		an this basis, death I	n my aninian	EMI
resulted from: Natural causes X Accident	Suicide				
	3010100		AL EXAMINER		
ACTUAL MOMBE N. 3.					DATE SIGNED
SIGNATURE		SSISTANT MEDICA		, 10	20166
EXAMINER'S NAME (Type) Warner II Spitz M D	A	SSOCIATE MEDIC	AL EXAMINER	4/2	28/66
3A. BURIAL CREMATION. 23B. DATE 23C. NAME of CEN	AETERY or (CREMATORY	23D. LOCATION (C	City_town, or cou	unty) (Stote)
REMOVAL (Specify)	9	01	- most	(a. 1)	. 1
AA. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR	veas	24C. FUNERAL DIR	scrop or ce	moeu	DRESS
APR 29 1966 6 6 2 3 1964		A O	A) / A -	AU	DRESS A
All to to to to the content of		Clroy	O. Wilson	1000 Bra	illey Are.
VS 151-REV. 1/1/65				1 2 1 00	1



FUNERAL DIRECTOR: IMPORTANT

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

BALTIMORE CIT	Y HEALTH DEPARTMENT
BIRTH NO. 66 04399 CERTIFICA	ATE OF DEATH Registered No.
1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Type or Print) SYMOUND WILLIAM WHIEL	ER 4123166 111:45 0 m.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	usurand Spetimone
HOSPITAL OR address or lacation) INSTITUTION	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
1/4/ 10000 1 115000 1000 1000 0000	D. STREET ADDRESS (If Jural, give location)
I ween memorine despetal	ISOI DLD OREHARD LANE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 11 Under 1 Yr. If Under 24 Hrs. Manths Days Hours Min.
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?
Eliquide!	Chicago, Illinois USA
13. FATHERS NAME	14. MOTHERS MAIDEN NAME
Henry Miller	Moteldo Steenbour
15. Wos Deceosed Ever in D. S. Armed Forces? (Yes, na ar unknawn) (If yes, give war ar dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
	Whe some
18. 15 6.2 1, CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	fostale Osicinous bliver i3 months
(This does not mean the made of dying, e.g., DUE TO	to struct Macronance a real 12 may 1908
hearf foilure, osthenio, etc. It means the disease,	
ANTECEDENT CAUSES (B)	
DISEASES OR CONDITIONS, if any, giving	5
rise to the above cause (A) stating the (C)	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
DISEASE OR CONDITION CAUSING IT.	1200 AUTORIVA(Va. a. Nal. 200 tr. va.
198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
WAS PERFORMED 218. PLACE OF INJURY (e.g.,	in or about 21 C. WHERE DID (If in Baltimore City, give exact lacation)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
21D. TIME (Month) (Day) (Yeo) (Hour) 21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?
While At Not Wh	ile
22. I certify that (I) (this haspital) attended the deceased from	
that (1) (we) lost saw the deceased alive an	19 6 and that in (my) (our) apinion death accurred on the date
and hour and from the causes stated above. (1) (We);(did) (did not)	
23A. SIGNATURE	23 B. DATE SIGNED
Wolder Hamas Borago M.D. A	ttending Med. Stoff Nys. S. 4123166
23C. PHYSICIAN'S	23D. ADDRESS
NAME (Type) W.A. BOOKE M.D	Illien Memoural dosp.
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of C	REMATORY 24D. LOCATION (City, town, or county) (State)
Burial 4/26/66 Henderson Meth	nodist Ch. Hycinth, Virginia
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REDISTRAL	25C. FUNERAL DIRECTOR ADDRESS
APR 29 1966 Ololat E. Harber, M.	Mitchell-Wiedefeld Home, 6500 York
VS 150-REV. 1/1/65	Road, Balto. 12,

VS 150-REV. 1/1/65

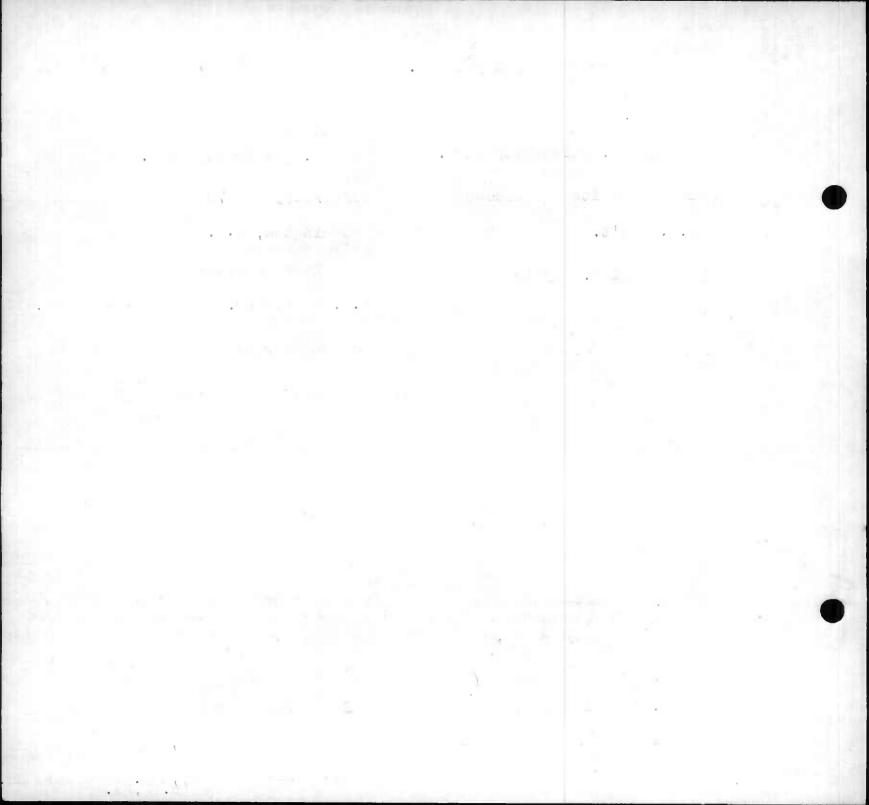
BALTIMORE CITY HEALTH DEPARTMENT

If Under 24 Hrs.

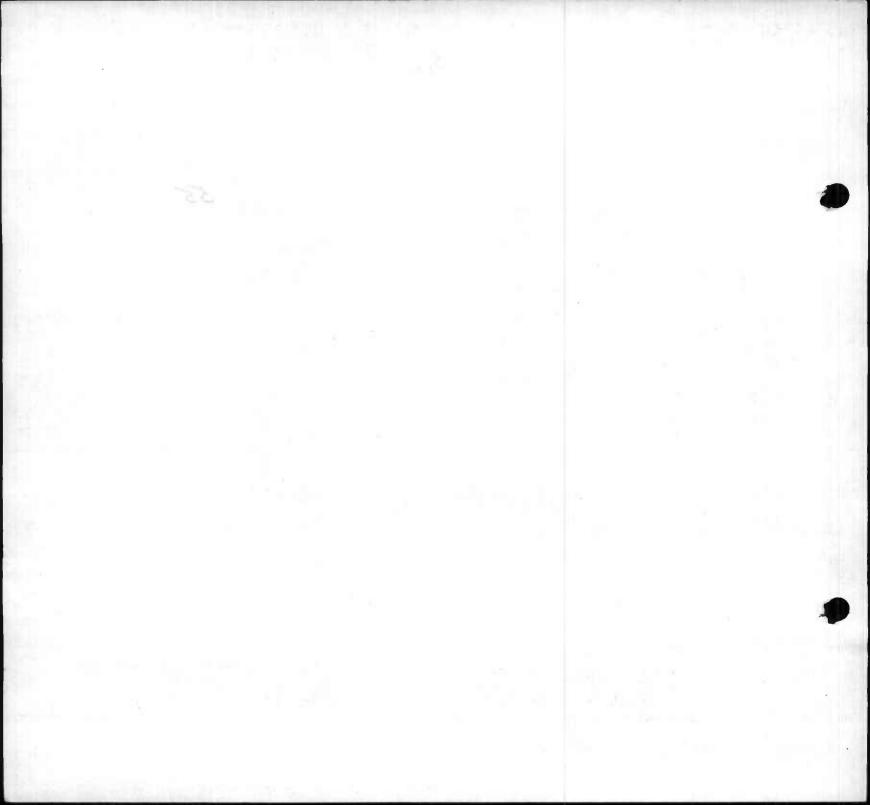
USA

INTERVAL BETWEEN

ONSET AND DEATH

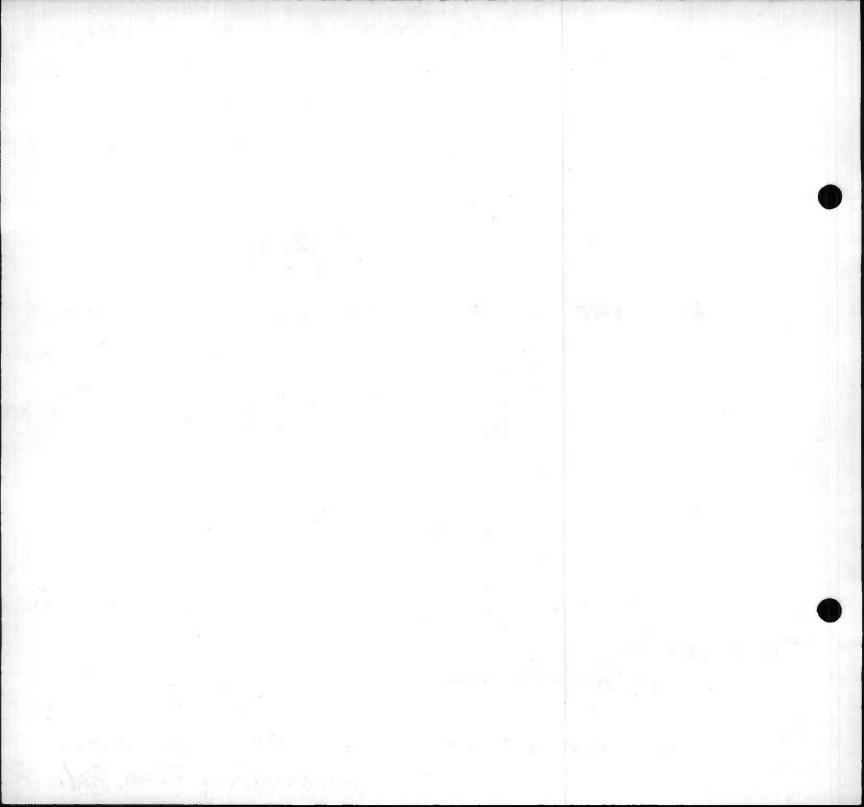


BIRTH NO. 65 (144)	BALTI	MORE CITY HEALTH DEPARTMENT	416
	CER	TIFICATE OF DEATH	Registered No.5 1144()1
M.E CASE NO. 1. NAME OF DECEASED (Type of Pint) CEVI SAMES (Type of Pint)	ORBIN 3	r. 4-2	HOUR OF DEATH 5-66 10:30 A
FULL NAME OF HOSPITAL OR Oddress or location) UNIVERSITY	nstitution, give street	C. CITY OR TOWN (If outside WEST OVER D. STREET ADDRESS (If rural	, give location)
			Rox 65
m N	MARRIED, NEVER MAR WIDOWED, DIVORCED MARRIED	(specify) 8-25-10 lost	AGE (In years birthday) If Under 1 Yr. If Under 24 Hi Months Doys Min.
done during most of working life, even if retired)	BARPENTER	R INDUSTRY 11. BIRTHPLACE (State or foreign	12. CITIZEN OF WHAT COUNTRY?
LEVI CORBIN		14. MOTHER'S MAIDEN NAME CAPRIE (DOANE
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (If yes, give wor or dates a		no. 17. INFORMANT SEWESTER CON	ADDRESS S/A
DISEASE OR CONDITION DIRECT LEADING TO DEATH	TLY	CAUSE OF DEATH A) PULMONARY EMBO	INTERVAL BETWEEN ONSET AND DEATH
DISEASES OR CONDITIONS, if any rise to the obave cause (A) should be underlying condition to the conditions condition to the death but not related disease or condition causing it.	ITRIBUTING O TO THE	C)	
3-29-66 HEMIN			OB. IF YES, WERE FINDINGS CONSIDERED CERTIFYING CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examines)	home, form, focto	NJURY (e.g., in or obout 21C. WHERE DID ry, street, office bldg., INJURY OCCUR?	(If in Boltimore City, give exact location)
21 D. TIME (Month) (Doy) (Year) (I	While At Work	CURRED 21 F. HOW DID INJURY Not While At Work	OCCUR?
(APPROX.)			
22. I certify that () (this hospital) a that () (we) last saw the deceased and haur and fram the causes stated	live an	4/25 19 166 and that i	n(my) (a) apinian death accurred an the do
22. I certify that (A (this hospital) a that () (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE 23C. PHYSICIAN'S	live an	4/25 19 166 and that i	n(my) (out) apinian death accurred an the d
22. I certify that (A (this hospital) a that (1) (we) last saw the deceased and haur and fram the causes stated 23A. SIGNATURE	above. (I) (Ne) (did)	M.D. Attending Med. Stof Phys. 23D. ADDRESS M.D. Med. Stof Phys. 23D. ADDRESS M.D. Med. Stof Phy 23D. ADDRESS M.D. Med. Stof Phy 24D. UCCA	1 (my) (ox) apinion death accurred on the de
22. I certify that () (this hospital) at that () (we) last saw the deceased of and haur and fram the causes stated 23A, SIGNATURE 23C. PHYSICIAN'S NAME (Type) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify)	above. (I) (Ne) (did)	M.D. Attending Med. Stof Phys. 23D. ADDRESS M.D. MED. 24D. LOCA TERY of CREMATORY 25C. FUNERAL DIRECTOR	1 (my) (in) apinion death accurred an the design of the de



	hospital and se of death (5) Deceased dance on the death. Such
D	leath occurred in a or contributing cause; Indetermined cause; is in regular attend deceased prior to sition is made.
IMPORTANT	or his assistant if a Also, if the direct e of any kind; (4) Lanunced death wa attendance on the med or final dispos
FUNERAL DIRECTOR: IMPORTANT	dical examiner. Irus; (3) A fractur. sician who pror was in regular mains are embal
FUNERA	ed by the chief mospital by a medature; (2) Body but the pt where the phy (6) No physician ined before the re
•	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
	ドサマックタ

			BALTIMORE CITY	HEALTH DEPARTMENT		
	H NO.	66 ()	4402 CERTIFICA	TE OF DEATH	Registered No.	6 114402
1. N	AME OF DECE	TRAPP.	MR. WILLIAM	4.6	HOUR OF DEATH	66 1:20 A M
3. P	LACE OF DEA	TH IN BALTIMORE, MARYLAN	ID	4. USUAL RESIDENCE (Where	deceased lived. If insti	tution: residence before admission)
Н	ULL NAME O	F (If not in hospital or inst address or location)	itution, give street	C. CITY OR TOWN (If outsi	de city limits, write RU	RAL and give township)
, IP	NOITUTITZE			COCK	EYSUIL (LE 5370
/	MON		LTE LIKE DIM	D. STREET ADDRESS (If rus	ral, gi√e locotion)	
5. SI		6. RACE 7. M	ARRIED, NEVER MARRIED			If Under 1 Yr. , If Under 24 Hrs.
	M	W	MARRIED (specify)	12-7-1886	29	Month's Doys Hours Min.
		IPATION (Give kind of work 108.) vorking lile, even if retired)	TIND OF BUSINESS OR INDUSTRY	11. BIRTHPLA CE (Slote or foreign	country	12. CITIZEN OF WHAT COUNTRY?
	ETIRES NAM		R)	BALDWIN	MD	U.S.A-
130 [14	Die TRADI	ל	- 4 0	URK	
15. V	Nas Deceased	Ever in U. S. Armed Forces?	ervice) 1 6. SOCIAL SECURITY NO.	17. INFORMANT	O()O(ADDRESS
	1/0	NONE	212-10-9711	NAMINE E TRAP	PIWIFFI	SAME AS ABOVE
	18. 3 3	/ X1	CAUSE O			INTERVAL BETWEEN ONSET AND DEATH
		E OR CONDITION DIRECTL	Υ	Oct .	.11 4.	2 WEEKS
		of meon the mode of dying	g, e.g., DUE TO	WIAL PHEUMO.	N/J	2 NEGO
		osthenio, efc. Il meons the o	liseose,	1		1 talkerns 2
	,	ANTECEDENT CAUSES	(8) 3 7 1	RYLIZED /TRISE	JOSCLEROS	IS LINKNOWN
	DISEASES C	R CONDITIONS, if ony,	giving	ENGLISED ARTER	C.V.A	(3 YEARS)
		obove couse (A) statis	ng fhe (C)			
		11				
N O	OTHER SIGNE	FICANT CONDITIONS CONTI	RIBUTING			
ATIO	DISEASE OR	CONDITION CAUSING IT.		100 A (W. B. V.	200 10 10 10	
ERTIFIC	19A. DATE OF	OPERATION 198. CONDITIO	N FOR WHICH OPERATION ED	20A. AUTOPSY? (Yes or No)	208. IF YES, WERE FIN IN CERTIFYING CAUS	SES OF DEATH?
0	OR CONTRIBU	TING CAUSE OF medical examiner	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21°C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Boltimore 6	City, give exact location)
5	21 D. TIME OF INJURY	(Month) (Doy) (Yeor) (Ho	ur) 21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ME	(APPROX.)		While At Work At Work			
	22. I certify	that (1) (this haspital) att	ended the deceased from	2-26 19	64 10 4	-26- 1966
	that (I) (we)	last sow the deceased oli	ve on 4-26	19 66 and that	in (my) (our) opini	an death accurred on the date
	and haur and	from the causes stated a	bove. (1) (We) (did) (did nat)	view the body after death.		
	23A. SIGNATU	RE .				23B. DATE SIGNED
		Str. 11. 14	A.D. Att	ending Med. S	toff Thys.	4-26-66
	23C. PHYSICA	N'S		23D. ADDRESS		
		ZIN U. 7	ARK M.D.	MONTEBELLO	STATE	HOSPITAL
24A	BURIAL CRE		24C. NAME of CEMETERY or CR	EMATORY 24D. LO	CATION (City,	, town, or county) (State)
E	BURIAL	AF1. 29,1966	ST. JOHNS CEME	TERY BLEI	VHETMS BAL	TO, CO, MD,
25A	DATE REC'D	BY HEALTH DEPT. 258.	NAME OF REGISTRAR	250 FUNERAL DIRECTOR	11 -	ADDRESS
	APK	29 1966 P. A. J	58 Starley Mill	John Jaures	AMA, CON	von, Mis.
VS	150-REV. 1/1/	65				



Such

eath.

T

prior

deceased

the

attendance any

regular

Was

physician

0

9

and

death) hospital

0

0

10

D.O.

shows: Was obtained

pe

must

10

embalmed

no

ance

attend 10

regular mad

E

Was

death 50

pronounced

ho

3 (3)

physician

0 8

ere

(except

fracture

4

Body

nature; ¥ ₩ Z

any

o

An accident

kind;

and

hospital

=

occurred

death

or his

the chief medical examiner

medical burns;

by 3

to the hospital

the body was released

certificate must

approved by

Also, of

direct

irect or contributing cause of death (4) Undetermined cause; (5) Deceased

BALTIMORE CITY HEALTH DEPARTMENT Registered Na. BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) CHARLES E. ASHLEY 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) 3. PLACE OF DEATH B. COUNTY A. STATE FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township 4310 MAINE D. STREET ADDRESS rurol, give location 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) Months Doys lost birthdoy) BUSINESS OR INDUSTR 10A, USUAL OCCUPATION (Give kind of OF 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF final disposition done during most of working life, even if retired) WHAT COUNTRY? DALTIMORE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) ADDRESS SOCIAL 7. INFORMANT SECURITY NO. 18. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g., hearl loilure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, to the obove cause (A) stoting the before the remains UNDERLYING CONDITION lost. П CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT, 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) BB. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram that (1) (we) lost saw the deceased olive an... and that in (my) (sor) aplnian death accurred an the date and haur and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE 23B. DATE SIGNED Attending Phys. Med M.D. Stoff deceased prior to written approval Director Phy s. 23C. PHYSICIAN'S 23 D. ADDRESS NAME (Type M.D. -9 0 24A. BURIAL CREMATION, CEMETERY of CREMATORY 24D. LOCATI REMOVAL (Specify)

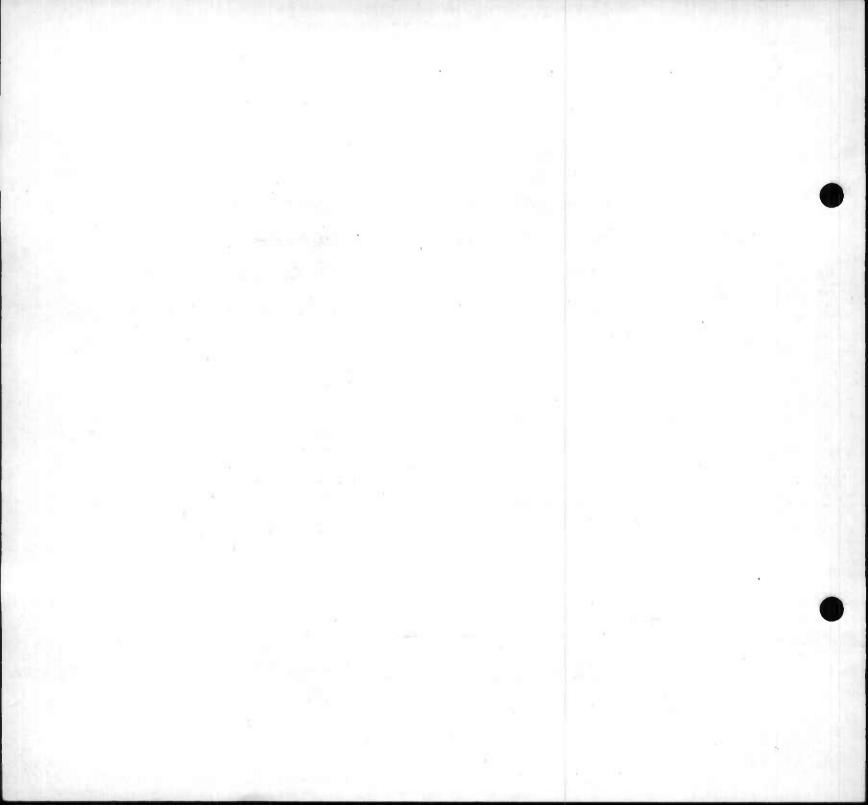
25C. FUNERAL DIRECTOR

ADDRESS

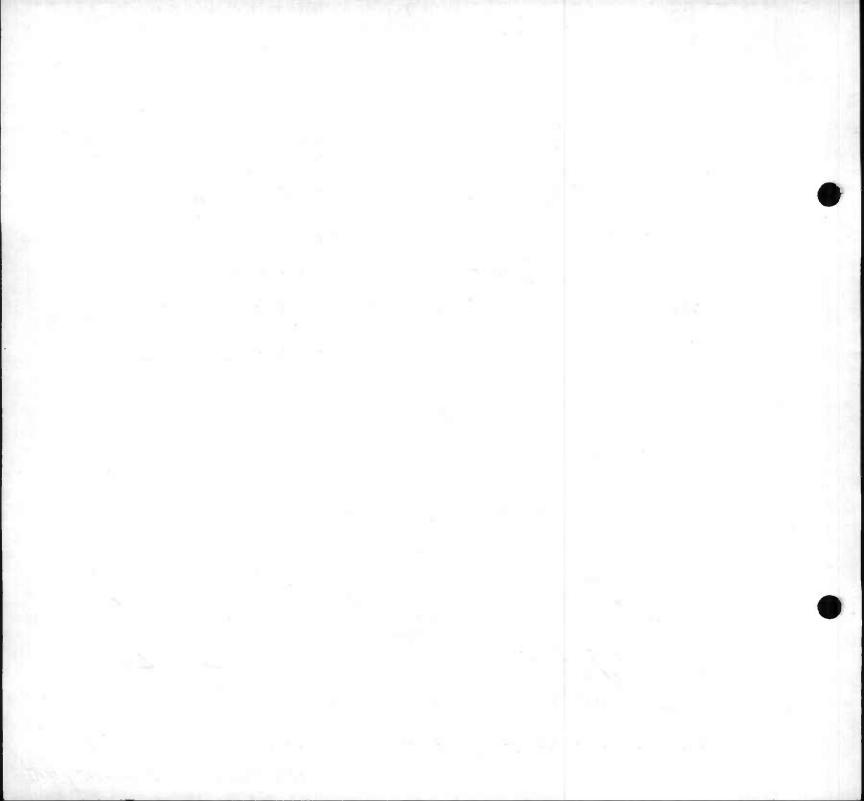
25B. NAME OF

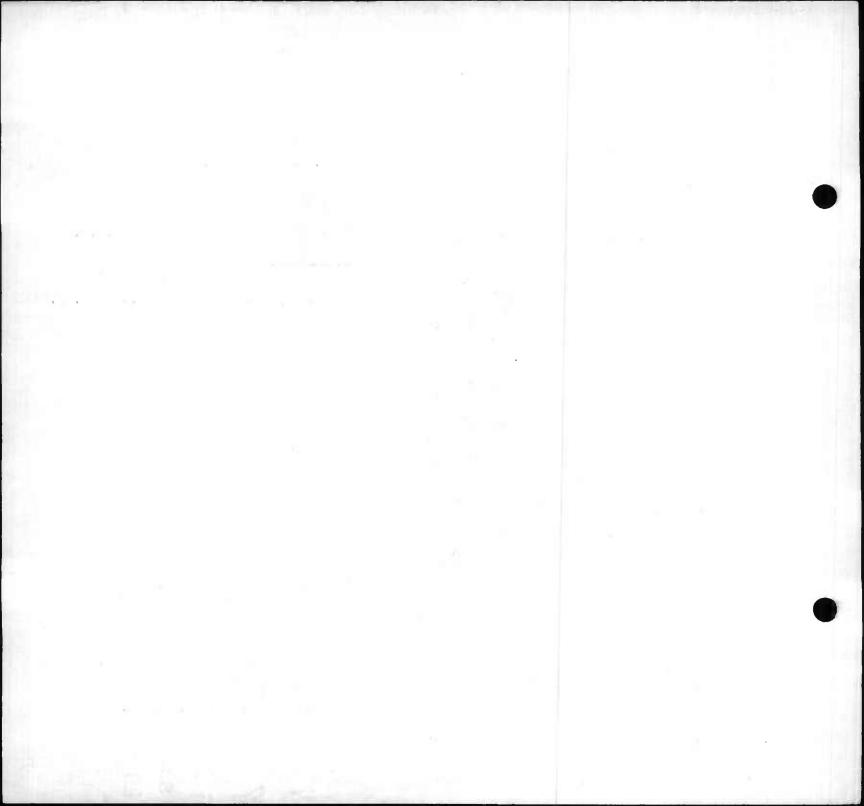
REC'D BY HEALTH DEPT.

VS 150-REV. 1/1/65



			BALTIMORE CITY	HEALTH DEPARTMENT		O 4 4 5 3
	M.E	TH NO. E CASE NO. 65	29 CERTIFICA	TE OF DEATH		6 04404
		pe or Print) De Muth,	Pankline	2. DATE AN	HOUR OF DEATH	
	3. F	PLACE OF DEATH IN BALTIMORE, MARYLAND	7	4. USUAL RESIDENCE I Where		nstitution: residence before odmission)
1	- 1	FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street	C. CITY OR TOWN (III outs	side city limits, write	RURAL ond give township)
1	2	Si haital		D. STREET ADDRESS dis	ural, give location)	1 3300
9	-	einai 1902 v		2/7/70	Henry 1	4ve. #8
mad	5. \$	EMALO VITE WIDO	WED, DIVORCED (specify)	6/28/93	ost birtiyany)	II Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
on is		LUSUAL OCCUPATION (Give kind of work 10B. KINE to during most of working life, even if refired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
dispositi	13.	FATHERS NAME		14. MOTHER'S MAIDEN NAM	ΛE .	HUNGARY
dsip		TRE	bsk	Sourla	nd	/
0	Yes	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war or dates of serving)	10/	17. INFORMANT	1 Can	ADDRESS
or fi		18.331X17260	CAUSE O	P DEATH	n -JAII	INTERVAL BETWEEN ONSET AND DEATH
Pe		DISEASE OF CONDITION DIRECTLY LEADING TO DEATH	(A) CE	rerovamlar	acciolen	7 ?
palm		(This does not mean the mode of dying, heart failure, asthenio, etc. It means the diserinjury or camplication which caused death.)				
E .		ANTECEDENT CAUSES	(B)		· * * * * * * * * * * * * * * * * * * *	
Sare		DISEASES OR CONDITIONS, if any, given is a line above cause (A) stating UNDERLYING CONDITION lost.	. *			
remains	z	ll l	THE 3 /-/	1. 1/4		
e rer	ATIO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE DR CONDITION CAUSING IT.	THE Marello	nellilles		
e the	ERTIFIC	19.4. DATE OF OPERATION 198. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? IYes or No.	20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
before	0	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (noffly modical examine)	21B. PLACE OF INJURY (e.g., in home, form, loctory, street, of etc.)	or obout 21C. WHERE DID	fif in Baltimor	e City, give exoct locotion)
ained	ā	OF INJURY	21E, INJURY OCCURRED While At Not While	21F. HOW DID INJU	IRY OCCUR?	
btai		22. I certify that (this hospital) attended	Work At Work		0 66.0	4/19 10 66
pe o		that (I)	11/20		9 <u>€</u> to t in {my} (our) opl	nion deoth occurred an the dote
must		ond hour ond frain the couses stoted above	e. (1) ((did) (did set) v	iew the body ofter deoth.		23B. DATE SIGNED
		Leonard of Westlers	M.D. Atte	nding Med. Director	Stolf Phys.	4-29-66
approval		23C. PHYSICIAN'S NAME (Type)	to been M.D.	23D. ADDRESS	Hasp.	to 1 8 14
	24A	A. BURIAL CREMATION, 24B. DATE 24C	NAME OF SEMETERY OF CRE	MATORY 24D. LO	CATION (C	ity, town, or county) (State)
Written	25 A	BURIAL 5-2-66 A. DATE REC'D BY HEALTH DEPT. 25B. NAM	AF OPPEGINTENA	PR PMPTORY -	- BALtim	ORP, Md
3		W. 11 22 1200 0	AE OF REGISTRAL	-Elbourath A	RMACOST-	- yearliberty Hets
	VS 1	150-REV. 1/1/65	1			1





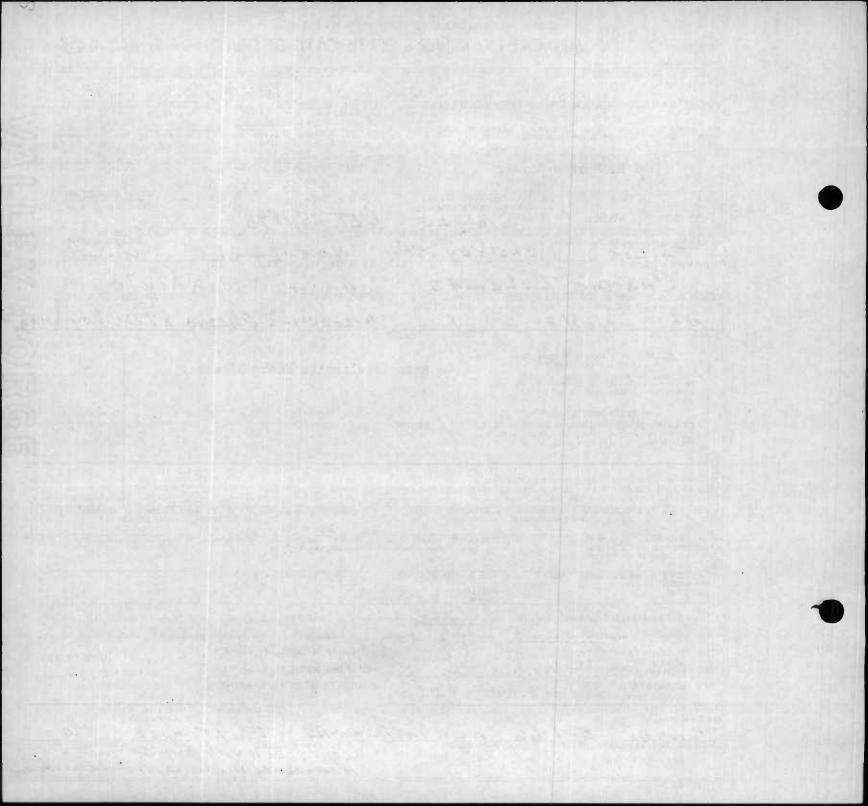
BALTIMORE CITY HEALTH DEPARTMENT

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

04-3-	4	1	4	1	и	1/	
00-0-	and the	4	1.1	4.1	٠.	il.a	_
1		,	A	161	1	100	

Z	-4	5	2
game.	1		

A. STAT	2. DATE AND HOUR PRONOUNCED DEAD April 30, 1966 AL RESIDENCE (Where deceased lived. If institution: residence before admission B. COUNTY
ANNA ZOLENAS LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD A. USU, A. STAT SPITAL OR ADDRESS OR LOCATION) A. USU, C. CITY	AL RESIDENCE (Where deceased lived, If institution; residence before admission B. COUNTY
L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	TE B. COUNTY
SPITAL OR ADDRESS OR LOCATION)	Marviano
	OR TOWN (If autside corporate limits, write RURAL and give township)
	7-1-1
405 S. Furrow Street D. STRE	Baltimore ET ADDRESS (If rurol, give locotion)
	405 S. Furrow Street
EX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE WIDO WED, DIVORCED(specify)	OF BIRTH 9. AGE (In years If Under 1 Yr, If Under 24 Hr
emale White Cinial = Or	+ 25 1898 last birthday) Months Doys Haurs Min.
	HPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
TAILOR Chathing 11fe, even if retired) Chathing 14fg	MARYLAND 4-5-7.
ATHER'S NAME	HER'S MAIDIN NAME
CASMAN LOLENAS A	TUNA MROUKAIUTE
WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFO.	RMANT
NO NONE ? NIE	loderus Chesnu 872 W. Lomban
18. CAUSE OF DEA	ATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	
	erotic Heart Disease.
heori foilure, osthenia, etc. It means the disease, injury or complication which caused death,	
ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING OUE TO	
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
(C)	
H. C.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	The state of the second state of the second
DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A, A	AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED
WAS PERFORMED	NO IN CERTIFYING CAUSES OF DEATH?
21A, EXTERNAL CAUSE WAS 21B, PLACE OF INJURY (e.g., in or obou	21 21 C. WHERE DID (If in Boltimore City, give exact location)
UNDERLYING OR CONTRIB- home, farm, factory, street, affice bldg	INJURY OCCUR?
21D TIME (Manth) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
OF INJURY (APPROX.) WHILE AT NOT WHILE	
m. WORK AT WORK	J
I certify that I held on Inquiry Inspection X Autopsy	ond that on this bosis, death in my opinian
resulted from: Natural couses X Accident Suicide	Homicide Undetermined monner
	HIEF MEDICAL EXAMINER DATE SIGNED
	ANT MEDICAL EXAMINER X 5/1/66
SIGNATURE (Waile) / Elly M.D. ASSIST	JI I I I I I I I I I I I I I I I I I I
EXAMINER'S Charles & Datty M.D. ASSIST	IATE MEDICAL EXAMINER
SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. BURIAL CREMATION, 238 DATE 23C. NAME of CEMETERY of CREMA	
EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSOC	TORY 23D. LOCATION (City, town, or county) (Stole)
SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. BURIAL CREMATION, 23B. DATE BURIAL (Specify) BURIAL (Specify) S-4-66 NEW Cathe dispersion of the dispersion of	TORY 23D. LOCATION (City, town, or county) (Stole) RAL BOLTINORE, Hd.
SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. BURIAL CREMATION, 23B. DATE BURIAL (Specify) BURIAL (Specify) S-4-66 NEW Cathe dispersion of the dispersion of	TORY 23D. LOCATION (City, town, or county) (Stote)



shows: (1)

Was

eceased

spital and of death

and that in (Ay) (aur) apinion death occurred on the date NAME (Type) DR. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY REMOVAL (Specify) BURIAL MEADUWRIDGE 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

1 4: 4, 121 50 I parte Inc. " Eith. In Inc. and the second first of the second for the second first of the second first of the second for th

Walnut Fee

BALTIMORE CI	TY HEALTH DEPARTMENT
BIRTH NO. M.E. CASE NO. SS 04409 CERTIFIC	ATE OF DEATH Registered No. 632469-97
(Type or Print)	2. DATE AND HOUR OF DEATH
Iwigg, LORIMER. VI	APRIL 26, 1906 1 AM.
3. PLACE OF DEATH IN BALLMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street	MADULAND
HOSPITAL OR oddress or location)	C. CITY OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION 11 - 1 - 1	LA LIAIS 5/5/A
HOSPILLE.	D. STREET ADDRESS (If rurol, give location)
10	Rose 44 1 1 1/4/s
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
6. RACE 6. RACE WIDOWED, DIVORCED (specily)	B. DATE OF BIRTH 9. AGE (In years lost birthdox) Nonths: Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUST	
done during most of working life, even if retired	MADIALA WHAT COUNTRY
self employed Oil Heating	· IMPRITADID (1.3.11.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
SOLN Wing	Millicent Kallmyer.
15. Was Deceased Ever in U. S. Armed Forces (Yes, no or unknown) (III yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
1 4 4 4 1	M. ADMISSION RECORD.
unknown. unknow	
18. 5 72. 01 CAUSE	OF DEATH INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY	Dido Main Pulvevere antony unlevern.
LEADING TO DEATH	Main Kulherenzy artery willown.
(This does not mean the made at dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	Euloleis
injury or camplication which caused death.)	
ANTECEDENT CAUSES (B)	***************************************
DISEASES OR CONDITIONS, if any, giving	
rise to the above couse (A) stating the (C)	***************************************
UNDERLYING CONDITION lost.	
Z STATE HOUSE OF STATE OF STAT	
TO THE DEATH BUT NOT RELATED TO THE	2 Messive Recional Enterths 5 days Post
A DISEASE OR CONDITION CAUSING II.	
WAS PERFORMED COLOR	IN CERTIFYING CAUSES OF DEATH?
U 21A. ACCIDINT WAS UNDERLYING 2(A PLACE OF INJURY (e.g.	, in or obout 21 C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street,	office bldg., INJURY OCCUR?
DEATH (notify medical examiner) Nows etc.)	NONZ
Q 21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX) NOWS While At NOWS	hile of New ?
22. I certify that (1) (this haspita) attended the deceased fram	4 3 06 19 66 10 9 26 19 66.
that (1) we last saw the deceased alive an	19. (Q and that in (my) (Ur) apinlan death accurred an the date
and haur and from the causes stated above. (1) We (did (did not	view the body after death.
23A. SIGNATURE	23 B. DATE SIGNED
TOSO R. COLDET M.O.	Attending Med. Stoff Phys. 4 [26]66
23 C. PHYSICIAN'S	hys. Director Phys.
NAME (Type) FOCO R. Fillis P. M.	111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
FRED IN E. NOIE:	PH to Pla
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (City, town, or county)
BURIAL 7/49/66/41/1 (Ye, FD)	UNO 1001 Cumberland 11101
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR ADDRESS
MAY 2 1966 Q 0 6- 3 F. Com	Dunon K, of I Wondoward Ille
VS 150-REV, 1/1/65	The state of the s

BYRLATIN ... AND AL PHYSE HE SSOIS OFFICEAN MAISMAN STAN GUALYBAM Suitust 10 Delyagus flac Millicerot Kallinger ppiwil under unknown. usthow Appliesion Record Main Pulmony artery windows to the slaveyor recover recover of states Designed sales/1-3 MON 30/2/2 MON 3 MON 5 of 26 165 Lexis R. Calber. 126/66 FRED R. Eilber. Unionsity Hospital.

	death
	*
MPORTANT	assistant
WP	or his
FUNERAL DIRECTOR:	ved by the chief medical examiner or his assistant if death
SAL DIR	medical
FUNE	he chief
	by t
	ved

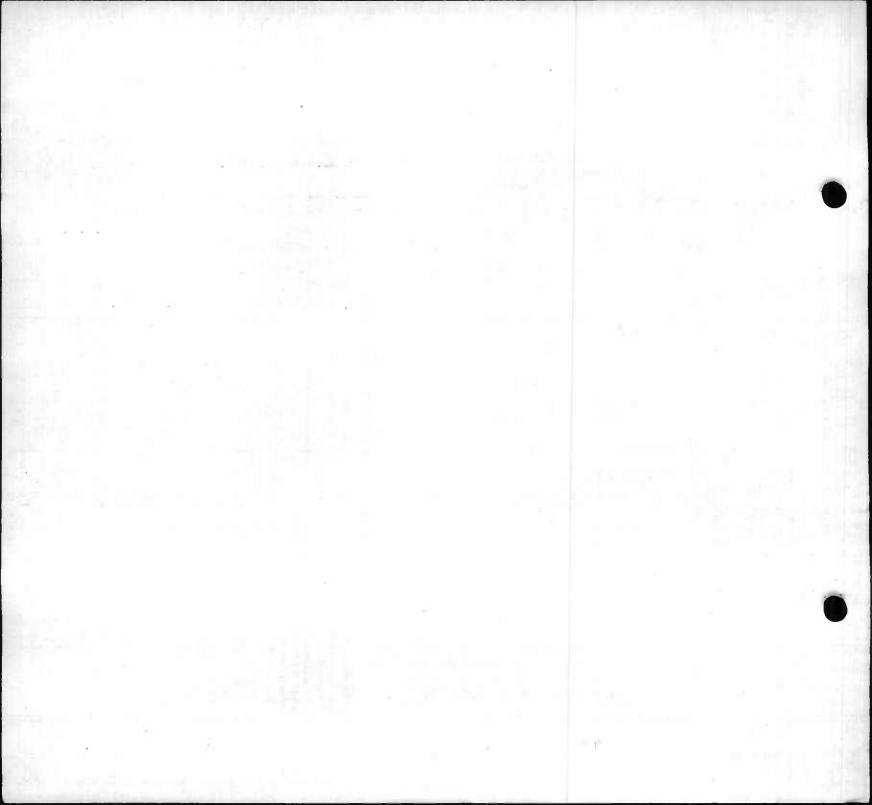
occurred in a hospital and

021	BALTIMORE CITY HEALTH DEPARTMENT
TER OF	BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH Registered No. (14410)
deatlease ease	M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR OF DEATH
70 6	JOHN JOSEPH SCHWARZ April 28, 1966
hospital ise of (5) Dece ance or death.	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, II institution: residence before admission) A. STATE 8. COUNTY
hosp use ; (5) danc	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) COLTY OF TOWN (If outside city limits write PURAL and Size towards)
cau se; end to	INSTITUTION (II defined by limits, while kokac one give lownship)
ng caus	Home: 2900 Wyman Parkway Baltimore City D. STREET ADDRESS (If rurol, give locotion)
0:	2900 Wyman Parkway
2000	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. II Under 24 Hrs. Months: Days Hours Min.
occu onfri ormi regu regu is m	Male White Married Jan. 30, 1900 66
contrik contrik letermin n regul eceased on is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State ar loreign country) 12. CITIZEN OF WHAT COUNTRY?
deat f or Und as iii e de	Owner - Antique Dealer Baltimore, Maryland
rect or c (4) Under was in the dec	13. FATHERS NAME
	Henry Schwarz (Germany) Mary Jane Donnelly (USA)
B - B = 0 -	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) 16. SOCIAL SECURITY No. 17. INFORMANT Son
25 4	NO 218-32-0643 Mr.Wm.H.Schwarz,214 Old County Rd., Severna
his as lso, if of any unced tenda	18. 420 INTERVAL BETWEEN ONSET AND DEATH
- 50 3 + 6	ONSET AND DEATH (This does not mean the mode of dying, e.g., heart foilure, asthenia, etc. II means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES (8) (8) (A) (A) (DUE TO (B) (B) (B) (B) (C) (C) (C) (C)
B	(This does not mean the mode of dying, e.g., DUE TO (heart failure, asthenia, etc. II means the disease,
ner act pr ula	injury or complication which coused death.) HAS HI
E P P P P P P P P P P P P P P P P P P P	ANTECEDENT CAUSES (8) DUE TO DISEASES OR CONDITIONS, if ony, giving
6 X (- 0	rise to the above cause (A) stating the (C) UNDERLYING CONDITION tast.
dical dical nrns; (sicial was mains	UNDERLING CONDITION (as),
De A	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
y by by ign	DISTANCE OF CONDITION CAUSING IT. U 194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2004. AUTOPSY? (Yes or No.) 208. IF YES, WERE FINDINGS CONSIDERED
by a mee 2) Body bu re the phy physician ore the re	194. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
(2) (2) ph	U 2TA. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout[21C, WHERE DID (If in Boltimore City, give exact location)
- 0 - 0	DEATH (notify medical examiner) etc.)
hospital nature; ept whe d (6) No	OF INTIME (Month) (Doy) (Yea) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
2 - 200	Work At Work
ppro the any (ex ; an	22. I certify that (I) (this hospital) attended the deceased fram.
_ 0 _ 0	that (I) (we) last sow the deceased alive an 3-7WK 5 and ond that in (my) (our) opinion death occurred an the date
assed to dent of ospital death) must b	and hour and from the causes stated abave (1) (We) (did (did nat) view the bady after death. 23A. SIGNATURE (23B. DATE SIGNED)
3 6 5	Rules & Journey B. Attending & Med. Stoff Phys. 4-28-66
rela a cci	23 C. PHYSICIAM'S 23 D. ADDRESS
was r An a A. at c prior	NAME (Type) Dr. Richard K. Gundry M.D. 2 West University Parkway, Balto.
: Q : P B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, town, or county) (State)
S: (S: OD.C	Burial 5/2/66 St. Peter's Cemetery Queenstown, Queen AnnesCo. Md.
This certithe body shows: (1, was D.O., weitten a	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
### 3 P 3	MAY 2 1966 R.C. & Jaley Stewart & Mowen Co., 108 W. North Av., City
	V\$ 150-REV. 1/1/65

Hyocardust interestion House H AS HD Dr Helfrich

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approved must be obtained before the companient of final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

			4 1 5	BALTIMORE CITY	HEALTH DEPARTMENT				
	H NO.	- 66	(1441	CERTIFICA	TE OF DEATH	Registered No	56 (1441)		
	AME OF DECI	ASED				AND HOUR OF DEATH	H		
(Ту[e or Print)	Lena O.	Petter	sen		4- 24- 1966	5		
3. 1	LACE OF DEA	TH IN BALTIMORE, MA			4. USUAL RESIDENCE (V	Where deceased lived, If	institution: residence before admission)		
- 1	FULL NAME O	F (If not in hospital oddress or locatio		give street	Md.		RURAL ond give township)		
1	NOITUTITZN	House in	the Pin	195			62-82		
7	O elair Roa				Baltimore Maryland D. STREET ADDRESS (If rurol, give focotion) 215 E. Penna. Ate. Bel Air Maryland 21014				
6 .									
	Female	White	WIDOWE		4-8-1868	9, AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.		
	e during most of v	PATION (Give kind of working lile, even if retired) ewife		ewife	Sweden	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
13.	FATHER'S NAM				14. MOTHER'S MAIDEN	NAME			
		Johan	Backstr	om	Anna	a Maria Niels	on		
		Ever in U. S. Armed Fo		1 6. SOCIAL	17. INFORMANT		ADDRESS (2)		
(16:	No	(If yes, give wor or dot	es of Service)	SECURITY NO.	L. Madeline	e Olsen 215 E	. Penna. Avenue 2101		
	18. / 63 /			CAUSE O	OF DEATH		INTERVAL BETWEEN		
	7000	E OR CONDITION DI	RECTLY				ONSET AND DEATH		
		LEADING TO DEATH		in at	thervscler	oris			
		of meon the mode of		, DUE TO					
	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES (A) atherusclerosis DUE TO								
	1	NTECEDENT CAUSES		(B) DUE TO	TOWN TOWN		***************************************		
		R CONDITIONS, if							
rise to the obove couse (A) stating the (C) UNDERLYING CONDITION lost.						**************************************			
11									
NO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING						3 3 3		
ATI	DISEASE OR	ATH BUT NOT REL	ATED TO TI	HE					
CAL CERTIFICATION	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED			20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?			
	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, setc.)			me, form, foctory, street, o	n or obout 21C. WHERE DIE	(If in Boltimo	ore City, give exact location)		
<u>a</u>	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY		(Hour) 211	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?			
ME	(APPROX)			hile At Not Whi	le 🔲				
	22. Logetify	that (1) (this bosnita				19 to	19		
	22. I certify that (I) (this hospital) attended the deceased fram								
	and haur and fram the causes stated abave. (1) (We) (did) (did nat) view the bady after death.								
	23A, SIGNATU	RE C	0		view the bady after dea	th.	238 DATE SIGNED		
	· Zu	aris 6.	teor	M.D. Att	ending Med.	Stoff	4-27-66.		
	23C PHYSICIANS								
	NAME (T)	Pel MARIO	E. C	OMAS. M.D.		ELAIR R	d.		
24/	BURIAL CREA	AATION, 248, DATE	24C N	AME of CEMETERY OF CR			City, town, or county) (State)		
	REMOVAL (S	pecify)							
25	Buri		966 St	James Cemete		My Ladies Mar	nor Md.		
257	. DATE REC'D	2 1966 R	T. F. E.	OF REGISTRAD	25C. FUNERAL DIREC	D 5 .	ADDRESS (36)		
	150-REV. 1/1/6	460	400		a dassalmi d	tunial He	me 1401 Blanks		

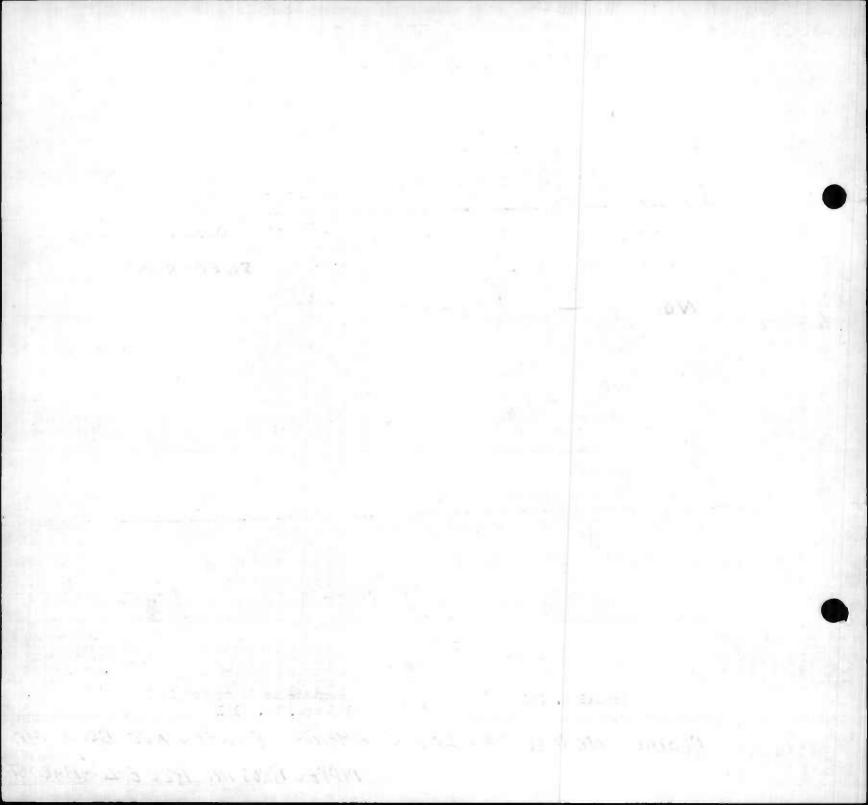


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

66 (14416	BALTIMORE CITY	HEALTH DEPARTMENT						
BIRTH NO.	CEPTIFICA	TE OF DEATH R	egistered No.	5 114412				
M.E. CASE NO.	CERTITION	TE OF DEATH						
1, NAME OF DECEASED	ek. Sonhee	2. DATE AND HO	166	1:30 cm				
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B COUNTY	eosed lived. If inst	itution: residence before admission)				
FULL NAME OF (If not in hospital or institu HOSPITAL OR oddress or location) INSTITUTION	tion, give street	C. CITY OR TOWN 11f outside city limits, write RURAL and give flownship)						
2/	•	Ballemore						
montepelle State m	tespetal	D. STREET ADDRESS (If Iurol, 32) 9 20sesi	give location)					
5. SEX 6. RACE 7. MAR WIDE	RIED, NEVER MARRIED OWED, DIVORCED (specify)		E (In years inthdoy)	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.				
10A. USUAL OCCUPATION (Give kind of work 10B. KIN	D OF BUSINESS OR INDUSTRY	11. BIRTHREACE (State or foreign co	untry)	12. CITIZEN OF				
done during most of working life, even if retired)	SELF.	lenknoun		WHAT COUNTRY?				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
george magens	fey	mary 50	WEDERS	ski				
15. Was Deceased Ever in U. S. Americ Forces? (Yes, no or unknown) (II yes, give wor or dates of serv	1 6. SOCIAL	17. INFORMANT		ADDRESS				
Alok.	218-25-09	02 Hospilot i	records					
18. 332 X	CAUSE C	F DEATH		INTERVAL BETWEEN				
DISEASE OR CONDITION DIRECTLY		0 0		ONSET AND DEATH				
LEADING TO DEATH	in Pen	Saple Enrom Yes	sein c	1 years				
(This does not meon the mode of dying,	e.g., DUE TO	A Part of the second of the se	10000					
heall failure, asthenia, etc. It means the disc injury or complication which coused death.)	iose,	6. neminagea	1 and	4				
ANTECEDENT CAUSES	D- 1 2 1/18-11 P: 1 20							
	D0 € 10							
	DISEASES OR CONDITIONS, if ony, giving							
UNDERLYING CONDITION lost.								
11								
OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO	JTING							
DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION WAS PERFORMED	OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B.	CERTIFYING CAUS	NDINGS CONSIDERED				
		No	CERTIFIC CAGE	and the second				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, lorm, foctory, street, o etc.)	n or obout 21 C. WHERE DID lince bldg., INJURY OCCUR?	(II in Baltimore (City, give exact location)				
	21E. INJURY OCCURRED	21F. HOW DED INJURY	OCCUR?					
OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour)	While At Not While	le 🖳						
(ATTROX)	Work At Work also les							
22. I certify that (I) (this hospital) attend	22. I certify that (I) (this hospital) attended the deceased/from 1/3/65 19 to /35/66 19							
that (1) (we) lost sow the deceased alive on 4/25/66 19 and that in (my) (our y opinion death accurred on the date								
ond hour and from the causes stoted obove. (1) (We) (did) (did not) view the body ofter deoth.								
23A. SIGNATURE	3A. SIGNATURE 23B. DATE SIGNED							
Dancel J. Jack M.D. Attending Med. Director Phys. 4/25/66								
23C. PHYSICIAN'S								
NAME (Type) Daniel G. Lai	M.D.	Montebello Sta		al				
24A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY OF CR	Baltimore Md 21		town, or county) (State)				
REMOVAL (Specily)	SAW I A LAI	70.1		10				
SURIAL APR 30 66	ME OF REGISTRAR	25C. FUNERAL DIRECTOR	ILEN B	ADDRESS				
MAY 2 1966 0 0 8 5	Fr. Obert	a Dinner Dos	INC ICA	OE LOMBARDST				
	CHARLES VALUE LANGE	JIIUFFI RUN	1/1/1 / / / / /					



SIGNATURE

EXAMINER'S
NAME (Type)

Rudiger Breitenecker, M.D.

23A. BURIAL CREMATION, REMOVAL (Specify)

Burial

Solution

Solution

City, lown, or county)

Solution

Conty, West Virgini

24A. DATE REC'D BY HEALTH DEPT.

MAY 2 1966

Particular Control (Stole)

Solution

Control (Stole)

Solution

Solution

Control (Stole)

Solution

Solution

Control (Stole)

Solution

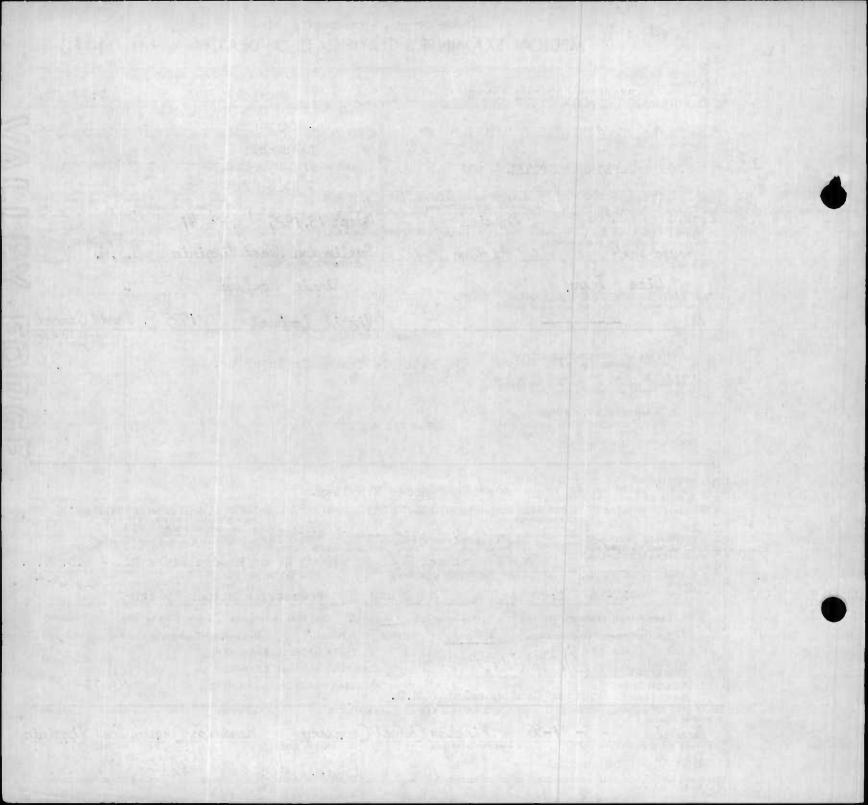
Solution

Solution

Control (Stole)

Solution

Solut



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
Written approval must be obtained before the remains are embalmed or final disposition is made.

MRTH NO. 66 05602 66 (14		TE OF DEATH Registered No.	66 04414				
N.E. CASE NO.		2. DATE AND HOUR OF DEATH					
Type or Print) MILLER.	RICKY DWANE	APRIL 27, 190	3:05PM				
PLACE OF DEATH IN BALTIMORE, MARYLAI		4. USUAL RESIDENCE (Where deceased lived, If in	stitution: residence before admission				
FULL NAME OF (If not in hospital or ins HOSPITAL OR oddress or location)	titution, give street	MARYLAND B. COUNTY					
INSTITUTION		C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
ST. AGNES H	IOSPITAL	D. STREET ADDRESS (If rurol, give locotion) 734 OELLA AVE.					
SI. Adves I	IOSITIAL						
. SEX 6. RACE 7. M	ARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years	I If Under 1 Yr. If Under 24 Hrs				
W	NFANT	3-13-66 lost birthdays	If Under 1 Yr. If Under 24 Hr. Months Doys Hours Min.				
OA. USUAL OCCUPATION (Give kind of work 108,			12. CITIZEN OF				
one during most of working life, even if retired)			WHAT COUNTRY?				
		MARYLAND	U.S.A.				
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
HARRY MILLER		GEORGETTE LINTON					
. Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	17. INFORMANT	ADDRESS				
(es, no or unknown) (II yes, give wor or doles of s	and the second second	ST. AGNES HOSPITAL RECORDS					
	None						
DISEASE OF CONDITION DIRECTL	CAUSE O	P DEATH	ONSET AND DEATH				
DISEASES OR CONDITIONS, if any, tise to the above cause (A) state UNDERLYING CONDITION last.	ng the (C) FL	ECTROLYTE IMBALI					
OTHER SIGNIFICANT CONDITIONS CONTI TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT.	TO THE GANGRI	ENOUS APPENDIX 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE IN CERTIFYING CA					
WAS PERFORM	N FOR WHICH OPERATION	20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING, CAUSES OF DEATH?					
34/26/66 NTEST	21B. PLACE OF INJURY (e.g., in	M YES YE	S				
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	home, form, factory, street, of	fice bldg., INJURY OCCUR?	e City, give exact location)				
21D. TIME (Month) (Doy) (Year) (Ho	While At Not While	21F. HOW DID INJURY OCCUR?					
(APPROX.)	Work At Work	At Work					
22. I certify that (I) (this hospital) attended the deceased from APRIL 18 19 66 to APRIL 27 19 66							
that (1) (we) last sow the deceosed olive an APRIL 27 19 66 and that in(my) (our) apinion death occurred on the date							
ond haur and fram the causes stated above. (1) (We) (did) (did nat) view the bady after death.							
23A. SIGNATURE							
m -00 8 6	M.D. Atte	ending Med. Stolf	11/20/11				
Thekall 6. Ve	le zar Phy		4/2//60				
NAME (Type)	0	23 D. ADDRESS	#Z				
	M.D.	ST. AGNES HOSPTTAL; CA	ION & WILKENS A				
4A. BURIAL CREMATION, 24B. DATE . REMOVAL (Specify)	24C. NAME of CEMETERY OF CRE	EMATORY 24D. LOCATION (C	ity, town, or county) (State)				
	Good Shanhand	Ellicott City.	163				
5A. DATE REC'D BY HEALTH DEPT. 25B.	Good Shepherd	25C. FUNERAL DIRECTOR	ADDRESS				
MAY 2 1966 P. D. R. D.	For Burnet	F.C. Higimbothom, Ellicot	t City, Md				
\$ 150-REV. 1/1/65	A Section 1						

BERT CONTRACTOR STORES AND AND THE STATE OF A TABLES - The ALL HETS II LEVEL - LYD and the state of . .

andeath	the
of d	th.
hosp use (5)	dea
ר מון	r to
ed i	prio .
tribu	gula Sed mac
con	n re
dea t	as i
lirec	h wh
istar he d	deat ce o
if t	ed dan or fi
Also,	oun
er.	pron lar bair
min	ho egu
exe	in r
dical	tal (except where the physician who pronounced death was in regular attentance on the deceased prior th); and (6) No physician was in regular attendance on the deceased prior the obtained before the remains are embalmed or final disposition is made.
men >	phy ian
chie	the hysic
the ral b	here to p
ospi	% (6) ₩
he h	xce
to t	al (eh);
st be ased	deat deat
rele	r to
was	Prio pprio
ody	vas D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance off the leceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such vritten approval must be obtained before the remains are embalmed or final disposition is made.
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death chows: (1) An accident of any nature. (2) Rody hurns: (3) A fracture of any kind: (4) Undetermined cause: (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance off the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
F + v	>0>

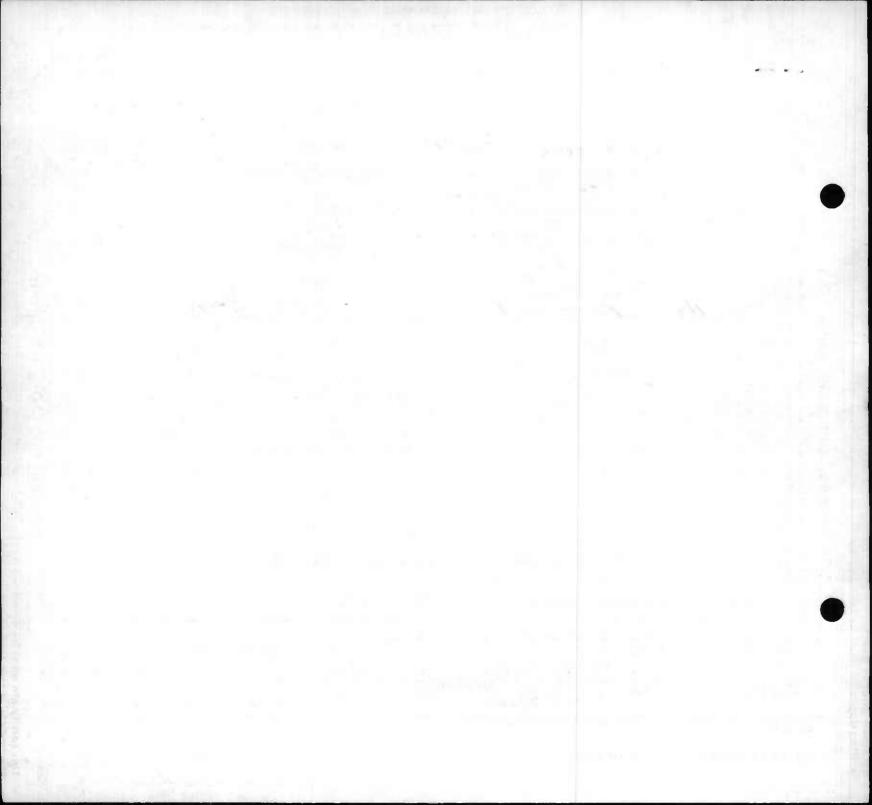
BALTIMORE CITY HEALTH DEPARTMENT Registered No. 66 114 A 66 04415 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) PHEL 35 PS, HELE 26 1966 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE 717718 FULL NAME OF (If net in hespital er institution, give street HOSPITAL OR eddress or location) (If eutside city limits, write RURAL ond give township) (If tutel, give location) 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr.)f Un Months Deys Hours If Under 24 Hrs. WIDOWED, DIVORCED (specify) lest birthdog 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired IBM Oberator MOTHER'S MAIDEN/NAME RUE La Ever in U. S. Armed Forces Wos Deceosed 6. SOCIAL ADDRESS (Yes, no or unknown) (If yes, give wor or detes of service) SECURITY NO. INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., hearl laiture, asthenia, etc. It means the disease, injury or complication which coused deeth,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stelling the UNDERLYING CONDITION lest. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CATIO TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes er) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION WAS PERFORMED CERTIF 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in er ebout 21 . WHERE DID (If in Bo)timere City, give exact location) home, ferm, foctory, street, effice bldg., INJURY OCCUR? DEATH (notify medical examiner) etc.) MEDI (Menth) (Dey) (Year) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (Heur) OF INJURY Net While While At (APPROX.) Werk Al Werk 22. I certify that (1) (this hospital) attended the deceased from 1966 that (1) (we) last sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and fram the couses stated obove. (1) (We) (did) (did nat) view the body ofter death. 23A, SIGNATURE 238 DATE SIGNED Attending M.D. Med. Stoff Phys. Director ___ Phy s. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) GRUMBERG Feetherse Hospita M.D. 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D. LOCATION REMOYAL (Specify) decease DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

27319 Secretary State of majohal large Springs 1. 12 11 wither Britis Lillie L. Il min The I was the second of the se

FUNERAL DIRECTOR: IMPORTANT

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

			HEALTH DEPARTMENT	1			
	RTH NO. 1.E. CASE NO. 1. CASE NO.	CERTIFICA	TE OF DEATH	Registered No.	3 (14416		
(PLACE OF DEATH IN BALTIMORE MARYLAND	Bender	Abril	HOUR OF DEATH	Q Pa M. ution: rosidenco before odmission)		
	FULL NAME OF (If not in hospital or institut HOSPITAL OR oddress or location)	ion, give street	Maryland B. COUNT	Anne Arun	nde/		
	Maryland General	Hospital	D. STREET ADDRESS (If rurol, give locotion) Box 149 - A. Elvaton Road				
	Male White wind	MED, NEVER MARRIED OWED, DIVORCED (specify)	Oct. 28, 1909	ost birthdoyl N	f Under 1 Yr. If Under 24 Hrs. lanths Doys Hours Min.		
	OA, USUAL OCCUPATION (Give kind of work 10 B. KINI) one during most of working life, even if refired) Wav	10	Balto, Ma	on country)	2. CITIZEN OF WHAT COUNTRY?		
1	Charles Bende	+-	Mai-y How	_/			
1	5. Wos Deceosed Ever in U. S. Armed Forces? es, no or unknown) (If yes, give wor or dotes of servi	16. SOCIAL SECURITY NO. 1 216-07-0125	Mrs. Anna Marie	Benderwife	Same Asty		
	DISEASE OR CONDITION DIRECTLY	CAUSE O	p. to Muser	15001 to	INTERVAL BETWEEN ONSET AND DEATH		
	(This does not mean the mode of dying, heart lailure, asthenia, etc. It means the dise injury or complication which coused death.)		timo och to	May 11) in	1-2400		
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, gi rise to the above cause (A) stoting UNDERLYING CONDITION lost.				- Journ		
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.						
		OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20 B. IF YES, WERE FIN	DINGS CONSIDERED		
	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	or obout 21C. WHERE DID injury Occur?	(If in Boltimoro C	ity, give exect lecotion)		
Ш	21D. TIME (Month) (Doy) (Year) IHour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While Work Not While At Work	21F. HOW DID INJU	JRY OCCUR?			
	22. I certify that (I) (this hospital) attend that (I) (we) lost sow the deceased alive	/		965 to 4	in death occurred on the date		
	ond hour ond from the couses stoted obove 23A. SIGNATURE	1 '	nding Med.	Stoff 23	R. DATE SIGNED		
	PHYSICIANS NAME TYPE HILLORY T. OHERLIN	4y M.D.	5 CENTRA	L AVE, C	GLEN BURNE M		
3	Butla May 2, 1966	gname of CEMETERY of CRE Glen Haven Me	m. Park Gl	en Burnie)	Mairy land		
2	5A. DATE REC'D BY HEALTH DEPT. 25B. NAI MAY 2 1966 0 0 6 8	ME OF REGISTRAN	25C. FUNERAL DIRECTOR	on GA	gleton funeral Home		

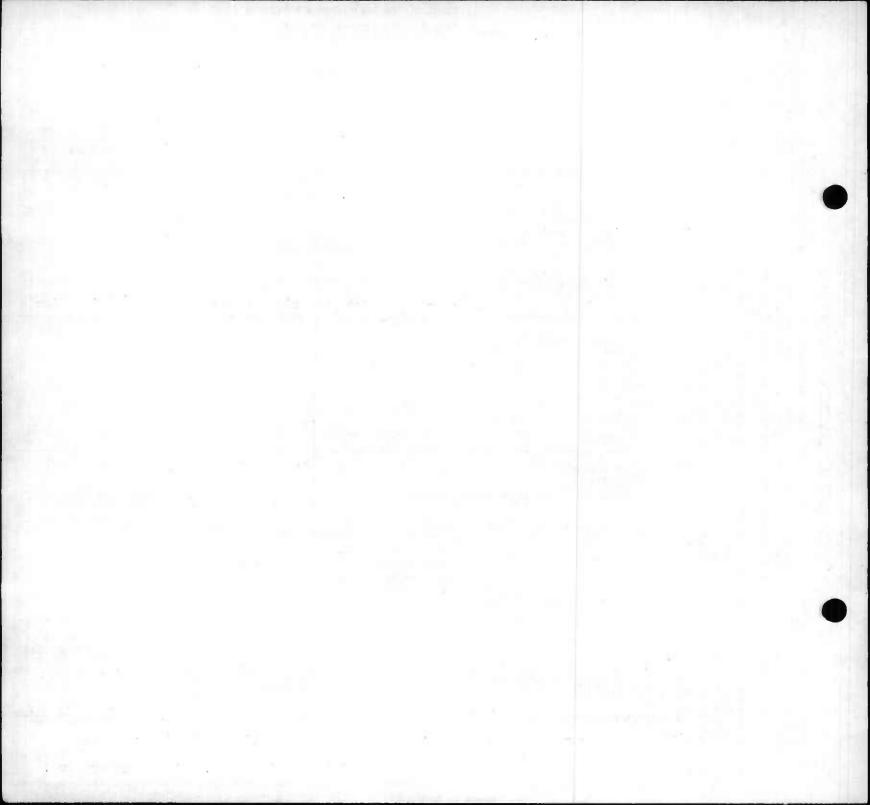


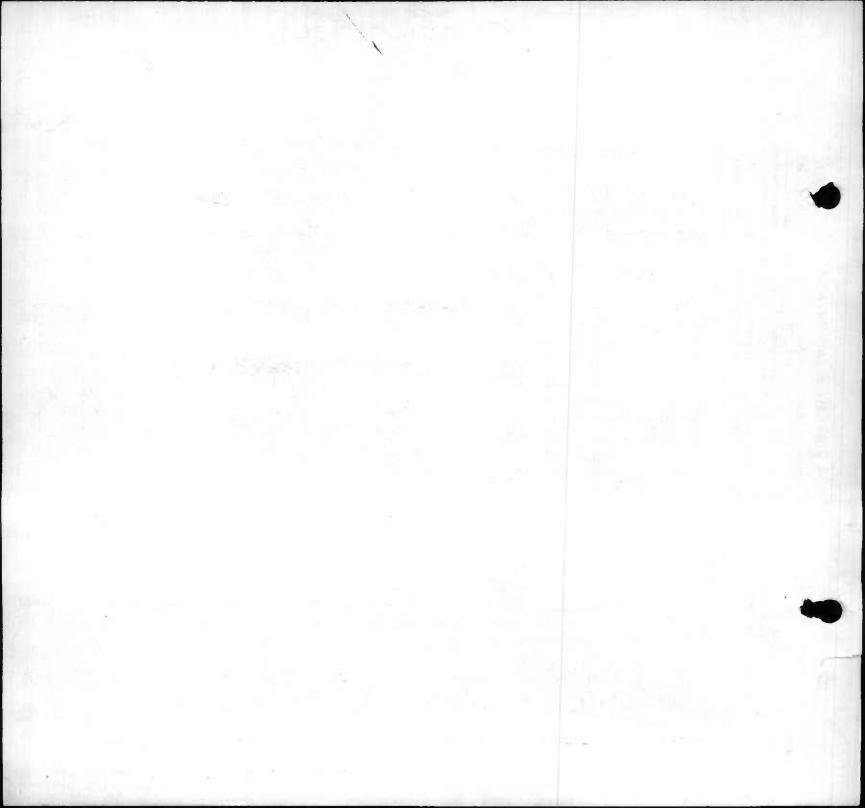
IMPORTANT FUNERAL DIRECTOR:

shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and Also, if the direct or contributing cause of death the body was released to the hospital by a medical examiner.

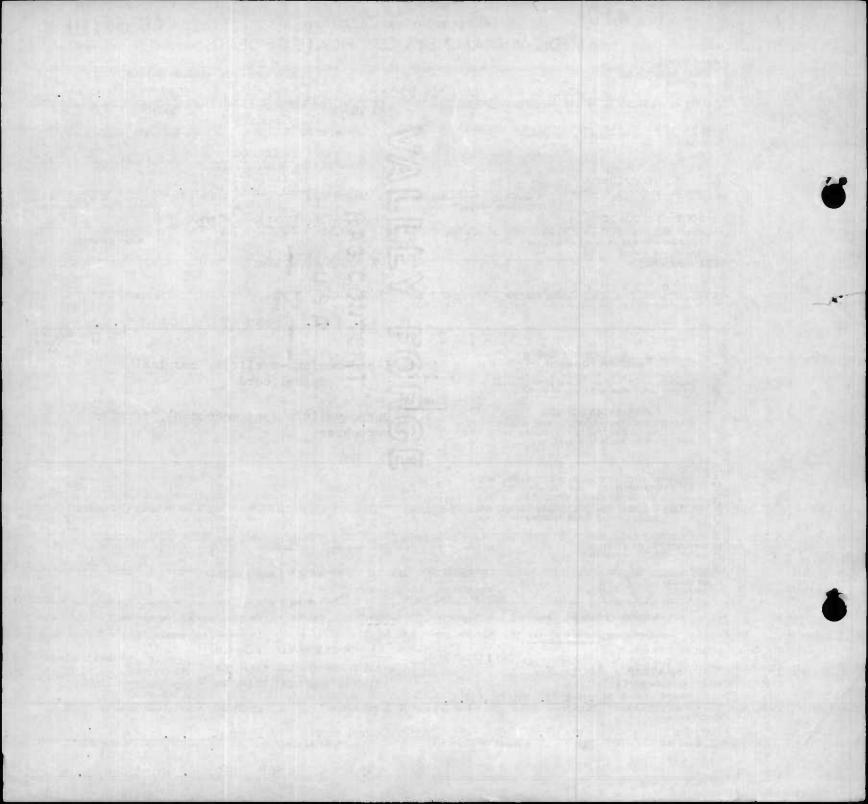
66 -441.7	BALTIMORE CIT	Y HEALTH DEPARTMENT	
BIRTH NO. MARTE N	M. WAGNER CERTIFICA	ATE OF DEATH Registered No.	114417
M.E. CASE NO.		2. DATE AND HOUR OF DEATH	1
(Type or Print) MARIE M	, WAGNER	30 april 66	8 00 0
3. PLACE OF DEATH IN BALTIMORE, MAI		4. USUAL RESIDENCE (Where deceased lived, If	institution: residence before admission)
		A. STATE B. COUNTY	L-1 3
FULL NAME OF (If not in hospital of HOSPITAL OR oddress or location INSTITUTION	or institution, give street	C. CITY OR TOWN (If outside city limits, write	RURAL and give township)
1. 1 0 N.	0 11- +1	Baltimon	
mengland Denna	- Harper	D. STREET ADDRESS (If rurol, give location)	
9		2518 Fort are	
5. SEX 6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	Oct. 18, 1900 9, AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work		Y 11. BIRTHPLACE (Stote or foreign country)	12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) Retired Machine Operat	or by	Belto., hul.	
13. FATHER'S NAME	Tontimental Con	14. MOTHER'S MAIDEN NAME	U.S.
11			
micheal Wag	ner	Elizabeth Haas	
5. Was Deceased Ever in U. S. Armed Fore Yes, no or unknown) (If yes, give war or date:	s of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS
No	214-03-2650	Mrs Catherine Peterson 1	.040 Marleigh Circle
18.	CAUSE	OF DEATH	INTERVAL BETWEEN
DISEASE OR CONDITION DIR	ECTLY		ONSET AND DEATH
LEADING TO DEATH	(A) E	innerations bulling.	
(This does not mean the mode of	dying, e.g., DUE TO	inpustary factures	
heart failure, asthenia, etc. It means injury or complication which coused	death.)		
ANTECEDENT CAUSES	(B)P	ulmoney felover	
DISEASES OR CONDITIONS, if	DUE TO		
rise to the above couse (A)			
UNDERLYING CONDITION lost.			
, II			
OTHER SIGNIFICANT CONDITIONS CONTINUES TO THE DEATH BUT NOT RELA			
DISEASE OR CONDITION CAUSING I	Т.	TAA.	
198. CON WAS PERF		20 A. AUTOPSY? (Yes or No) 20 B. IF YES, WERE IN CERTIFYING C.	AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g.,	in or obout 21 C. WHERE DID (If in Boltimo	ne City, give exoct locotion)
▼ DEATH (notify medical examiner)	home, form, foctory, street, etc.)	Since sings, INJURI OCCUR!	
O 21 D. TIME (Month) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
OF INJURY (APPROX)	While At Not Whi Work At Work	ile	
22. I certify that (I) (this haspital) ottended the deceased from	april 19 1966 10 a	mil 30 1966
		19 66 ond that In(my) (our) op	
			minor death accorded on the date
ond hour and from the causes stat	ed obove. (!) (We) (did) (did not)	view the body ofter deoth.	
Richard P. ha		tending Med. Stoff Phys.	30 april 66
23C. PHYSICIAN'S	0	23D. ADDRESS	,
RICHARD P	NORGAARD M.D.	menuland Dinenel 1	Josephel
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF CE	REMATORY 24D. LOCATION (C	City, tawn, or county) (State)
Burial 5-4-196		Baltimore Coun	
25A. DATE REC'D BY HEALTH DEPT.	258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	OOT Factors Ave

TYUI Eastern Ave. 64 & Telter VS 150-REV. 1/1/65





BIRTH	NO.	MEDI	CAL EXAM	AINER'S C	ERTIFICAT	TE OF I	DEATH Register	red No	
	CASE NO.								
1. NA	or Print)		. /_			2. DATE AN	D HOUR PRONOUNCE		
2 81 4	ACE IN PAIN	Carr		ans) Wilde		ENICE (M/L	4/27		9:20 p. M.
3. PL/	ACE IN BAL	IMORE MARILAND, WI	HERE PRONOUNCED	DEAD	A. STATE	aryland	deceosed lived. If insti B. COU	NTY	ice before odmission/
FULL	NAME OF	(IF NOT IN HOSPITAL		GIVE STREET			e corporate limits, write	RURAL ond	give township)
	NOITUT	ADDIESS OF 100A	110147			Balti			
0%					D. STREET ADDR				
6	11	niversity Hos	nital				. Pine St.		
5. SEX		6. RACE	7. MARRIED, NEVE		B. DATE OF BIRTH		9. AGE (In years		Yr. If Under 24 Hrs.
f	emale	colored	WIDOWED, DIVOR		25 2 62	707	lost birthdoy)	Months Do	ys Hours Min.
10A. U	ISUAL OCC	UPATION (Give kind of work	108, KIND OF BUSH	NESS OR INDUSTR	YIII. BIRTHPLACE	Stole or foreign	on country)	12. CITIZEN	OF
done d	luring most of	working life, even if retired)				-			COUNTRY?
	OMEST				South C:	APOLIN	18 E		
_		Datedala			72 12 20				
15. W	AS DECEASE	Patrick D EVER IN U.S. ARMED	FORCES? 16. SO	CIAL	17. INFORMANT	ore		ADDRESS	
(Yes, n	o or unknown	(If yes, give wor or dote:	s of service) SE	CURITY NO.					
					Mr. H.S	. Gree	n Lake Ci	ity S.	
18	34	0,/1		CAUSE	OF DEATH				NSET AND DEATH
	DISEA	SE OR CONDITION DIE	RECTLY				11.1.	4 1	
	(This does	not meon the mode of	dying, e.g.,	ACUTE .			litis, cerv	icai	
	heart failure	osthenio, etc. It meons mplication which coused a	the discose.	500 10	sp	inal co	ora		
	Due to								
	ANTECENDENT CAUSES Osteomyelitis (pneumococcus), cervical DUE TO							cal	
	RISE TO TH	E ABOVE CAUSE (A) ST		205 10	vertebrae				
z	ONDEREN	TO CONDITION LAST.		(C)			***************		
		11							
S		DEATH BUT NOT REL						200	
HE_	DISEASE O	R CONDITION CAUSING	IT.						
CERTIFICATION	A. DATE OF	OPERATION 198, CON		OPERATION	20A. AUTOPSY	(Yes or No)	20 B. IF YES, WERE FIN		
	FUTFELLA				yes		yes		
S 21	NDERLYING	OR CONTRIB-	home, form	OF INJURY (e.g., foctory, street,	in or obout 21C. Woffice bldg., INJURY	OCCUR?	(If in Boltimore City, giv	ve exoct locol	tion)
- W	TING L CAU	SE OF DEATH.	etc.)						
	TIME FINJURY	(Month) (Doy) (Year	(Hour) 21 E. IN	JURY OCCURRED	21F. HC	DENI DID MO	JRY OCCUR?		
	APPROX.)		m. WHILE	AT NOT AT W	WHILE				
2	2.			J		1.1.			
		tify that I held an Ir				F	is bosis, deoth in m	lamed.	
	resul	ted from: Notural cou	ses X Accide	Suicid			Undetermined monne	er re	
	ACTUA	1,111	, (11_	and the same of th	EDICAL EX		100	DATE SIGNED
	SIGNAT	- 1 1 1 7 mg /	54.7	- M.D	ASSISTANT MI			, ,	00166
	EXAMIN		The same	~ \	ASSOCIATE M	EDICAL E	XAMINER	4/	28/66
23 △	NAME (. Spitz/M	ME OF CEMETERY	CREAM A TODY	230 1	OCATION (City,	town, or cour	ntv) (Stote)
	OVAL (Specif		250. 14 A	of CEMELEKI (U CKENIATORI	250.	CANON (City,	15 111, 01 0001	(31010)
	rial	May 3			Cemetery		anda, S.C.		
24A.	DATE REC'D	BY HEALTH DEPT.	24B, NAME OF RE	The second second	24C. FUNERA	AL DIRECTOR		ADI	DRESS
	MAY	2 1966 073	1 . E. Ja	white mile	Wm C	Manch	928 E. 1	Ionth	Azzo
VS 1	51-REV. 1/1/	45			1 11111 0	" arcii	and I'm	101.011	AVC



1966

VS 150-REV. 1/1/65

BIRTH NO.	66 0442		THEALTH DEPARTMENT TE OF DEATH Registered No.	66 1144211
M.E. CASE NO.		CERTIFICA	AL OF BLATH	
1. NAME OF DECEASED (Type or Print)	LELA	GAMBLE	April 28, 19	
PLACE OF DEATH IN	BALTIMORE, MA	RYLAND	4. USUAL RESIDENCE (Where deceased lived, II	institution: residence before admissi
	llf not in hospital oddress of location	or institution, give street)	MARYLAND C. CITY OR TOWN Of outside city limits, write BALTIMORE	e RURAL ond give township)
/ UNION MEM	HOSPITA	L	D. STREET ADDRESS (If rurol, give location)	
			407 E 20th St	
S. SEX 6. RAC	E	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy)	If Under 1 Yr. If Under 24 H Months Doys Hours Min
Female C		Widowed	April 10, 1900 66	
done during most of working Housewife		108. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Stole or foreign country) South Carolina	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME	
Alex Cole	man		Clara Fenigan	
5. Was Deceased Ever in	U. S. Armed For		17. INFORMANT	ADDRESS
Yes, no or unknown) (If yes	, give wor or dote	s of service) SECURITY NO.	W 1-3- 433 100	E 0011 61
		4 (5	Mrs Lula Allen 407	E 20th St
DISEASES OR CO	DITION last.	Stating the CO	apartensive Va. Lisity-asterios	ELETO/ O.
TO THE DEATH DISEASE OF CONDI 19A. DATE OF OPERA	TION CAUSING I		20A. AUTOPSY? (Yes or No.) 20B. IF YES, WER	F FINDINGS CONSIDERED
C C C C C C C C C C C C C C C C C C C	WAS PER			AUSES OF DEATH?
OR CONTRIBUTING	CAUSE OF	21 B. PLACE OF INJURY (e.g., home, lorm, loctory, street, etc.)	n or obout 21C.WHERE DID (If in Boltim ffice bldg., INJURY OCCUR?	ore City, give exact location)
4000	n) (Doy) (Year)	(Hour) 21 E. INJURY OCCURRED While At Not White At Work	21F. HOW DID INJURY OCCUR?	
22 Lagration shape (() (ship bosnisal) attended the deceased fram Au		nuary 4 1966
		ed abave. (1) (We) (Sid) (did nat)		pinian death accurred on the
23A. SIGNATURE	:1	0.00	The body after death.	23 B. DATE SIGNED
2	z. Hou	Meder Deidelm.D. AH	ending A Med. Stoff Phys.	Apr 29,1966
23C. PHYSICIAN'S NAME (Type) Herman S	Seidel.	И. D. м.р.	23D. ADDRESS 2404 Eutaw Place, Bai	lto, Md.
24A. BURIAL CREMATIO		24C. NAME of CEMETERY OF CR	EMATORY 24D. LOCATION	(City, town, or county) (State
Burial	5/1/66	Mt Auburn Cen	netry Baltimore Mo	
	J/ T/ 00	Mt Auburn Cen	netry Baltimore Mo	A.

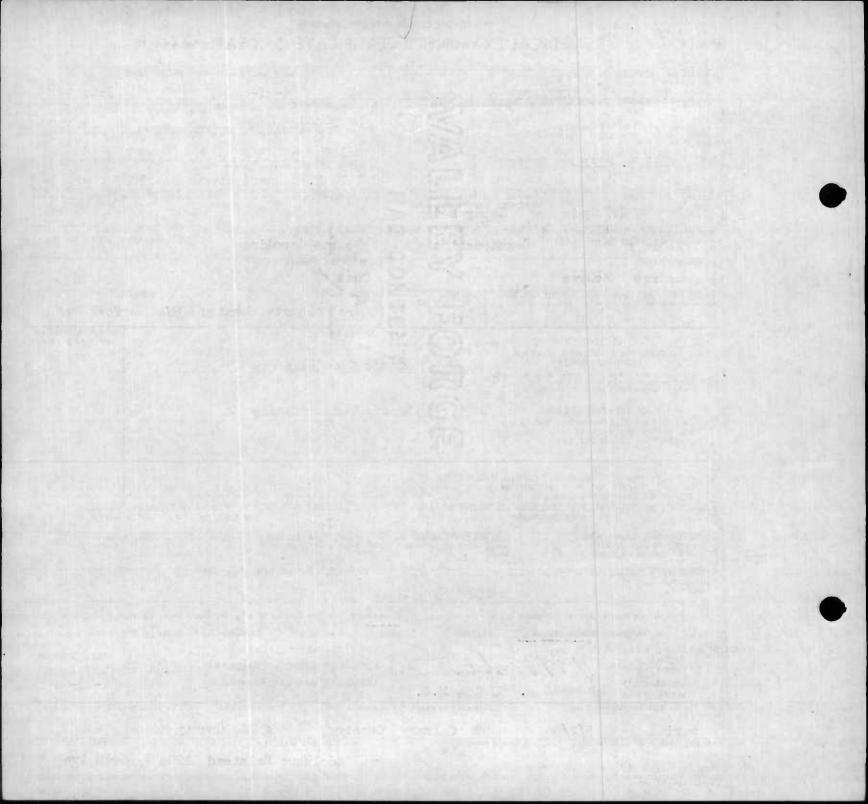
1206 W North Ave

Adolphus Halstead

TO WALL IN MOTHER WAY

A company of the specific decrease of the spec

		14421 MED		BALTIMORE CITY HEAD (AMINER'S C			CATU Bassas	and Ma
	TH NO. E. CASE NO.	MED	ICAL EX	AMIINER'S C	EKTIFICA	IE OF D	EAIN Registe	reo No.
1.	NAME OF DEC	EASED				2. DATE AND	HOUR PRONOUNCE	ED DEAD
(Ту	pe or Print)	ATEV	ANDER	McCREE		4-25-6	56	15:45 A M.
3. 1	PLACE IN BALT	MORE, MARYLAND, V			4. USUAL RESID A. STATE Marylar	ENCE (Where de		tution: residence befage admission)
HO	LL NAME OF	(IF NOT IN HOSPIT ADDRESS OR LOC	AL OR INSTITU ATION)	JTION, GIVE STREET	C. CITY OR TOV	WN (If outside	corporate limits, write	RURAL and give township)
1	1217	N. GILMORE	STREET		D. STREET ADD		ive location)	
1.6						Gilmor		21217
5. 9	Male	6. RACE Colored	WIDOWED, I	NEVER MARRIED DIVORCED (specify) parabed	B. DATE OF BIRT	н	9. AGE (In years fost birthday) 61	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
don	during most of v	PATION (Give kind of working fife, even if retired)	Const:	BUSINESS OR INDUSTRY		Stote or foreign		U WHAT CAUNTRY?
	FATHER'S NAM				14. MOTHER'S M	AIDEN NAME	100000	
	Georg	e McCree			Katie			
		EVER IN U.S. ARME		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
(16:	s, no or unknown	in yes, give war ar aai	es of servicer	SECORITY NO.	Mrs Al	lberta l	Henson 4014	Norfork Ave
	19.	R V		CAUSE	OF DEATH			INTERVAL BETWEEN ONSET AND DEATH
	DISEAS	E OR CONDITION D						ONSET AND DEATH
	(This does r	of mean the mode of			tic insuff	iciency		
	heart failure,	osthenio, etc. It mean	s the discose,	DUE TO				
				7		11		
		NTECENDENT CAUS OR CONDITIONS, IF		(B) Lue	tic heart	disease		
	RISE TO TH	ABOVE CAUSE (A)	TATING THE	561 10				
Z	O TO BENEFIT			(C)				***************************************
E		II II			30 13/10/10			
ERTIFICATION	TO THE DISEASE OF	DEATH BUT NOT RECONDITIONS CONDITION CAUSIN	ELATED TO T	HE				
L CER	2		RFORMED		Yes	"	CERTIFYING CAUS	
EDICA	UNDERLYING UTING CAU	OR CONTRIB-	21 B. home etc.)	PLACE OF INJURY (e.g., , farm, factory, street,	in or obout 21C. V	WHERE DID (IF	in Boltimore City, gi	ve exact location)
Σ	ZID MALE	(Month) (Doy) (Yes	or) (Hour) 2	TE. INJURY OCCURRED	21F. H	OW DID INJUR	Y OCCUR?	
	(APPROX.)			WHILE AT NOT	WHILE ORK	-		
	22. 1 cert	ify that I held an	Inquiry 🗌	Inspection Au	topsy X and	d that on this	basis, death in m	ny opinian
	resul	red fram: Natural co	uses X	Accident Suicid	le Homici	ide Ur	determined manne	er 🗌
	A CTUAL		who	0		EDICAL EXA	-	DATE SIGNED
	SIGNAT		11 m	her M.D	ASSISTANT M	EDICAL EXA	MINER	
	EXAMIN NAME (DITECT	L S. FIS	SHER, M.D.	ASSOCIATE M	EDICAL EXA	AMINER	4-25-66
	MOVAL (Specify		23	C. NAME OF CEMETERY	or CREMATORY	23D. LO	CATION (City,	town, or county) (State)
	Burial	5/2/6	6	Mt Calvary	Cemetry	A	A County M	1d
24/	A. DATE REC'D	BY HEALTH DEPT.	a Break	OF REGISTRAR		AL DIRECTOR		ADDRESS
	MAY 2	1966 (1972)	1.5,00	Mary I	Adol	phus Hal	stead 120	6 W North Ave



		00 011	00		HEALTH DEPARTMENT	Registered No	AA99
	H NO.	66 044	CC	CERTIFICA	IL OI DEATH		
1. NA	AME OF DECEA	SPE	NCE	R. Sara	C 2. DATE AND/	OUR OF DEATH	1-10 M.
3. PL	LACE OF DEAT	H IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (Where de	ceased lived. If insti	tution: residence before odmission)
	ULL NAME OF	(If not in hospital oddress ar locatio		give street	Marylan		USA
	ISTITUTION			1	0 /11	city limits, write RUI	RAL and give township)
	Mont	zbello s	tate	Hosp.	D. STREET ADDRESS (If rurol,	, give location) Madiso	n Ave
5. SE	F	C. RACE		NEVER MARRIED D, DIVORCED (specify)	B. DATE OF BIRTH 9. A lost	birthday)	If Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
		PATION (Give kind of war	108, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or lareign of		12. CITIZEN OF WHAT COUNTRY?
,	Housewif			0	Richmon	d. Va	USA
13. F	ATHERS NAM	E			14. MOTHER'S MAIDEN NAME	U	
				? 0			?
Yes,	vas Deceased I	ver in U. S. Anned For If yes, give wor or dote	rces? es of service)	SECURITY NO.	17. INFORMANT		ADDRESS Ballimer
	No	,		Ne	Barbara Stu	blox o	442 Marsel Court
	18. 15 6	or coupings of	ar only	CAUSE O	F DEATH	0 /	INTERVAL BETWEEN ONSET AND DEATH
		OR CONDITION DI	RECTLY	w Ca	ngestive Heart	t Failurs.	2 413
		f meon the mode of sthenio, etc. II meons		DUE 10			
		lication which caused			rcinoma of	11.05	2 ~~
	Α	NTECEDENT CAUSES		DUE TO	Temoma of	WIAC .	
		CONDITIONS, if		(C)			
		CONDITION last.	g	10/			
ATION	TO THE DE	CANT CONDITIONS (ATH BUT NOT REL	ATED TO TH				
	19A. DATE OF		IDITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20	OB. IF YES, WERE FIN N CERTIFYING CAUS	IDINGS CONSIDERED
AL C	OR CONTRIBUT	WAS UNDERLYING DAMES OF medical examiner	218, hom etc.	ne, lorm, factory, street, a	n or obout 21 C. WHERE DID	flf in Boltimore C	City, give exect location)
EDIC	21 D. TIME OF INJURY	(Manth) (Day) (Year)	(Hour) 21 E.	INJURY OCCURRED	21 F. HOW DID INJURY	OCCUR?	
5	(APPROX.)		Wh	ile At Not Whil	e 🗌	1	0
1	22. I sertify t	hat (1) (this haspita	l) attended t	he deceased, from C	CPH 28 19	640,0 apr	£ 30 1966.
		ast saw the decease		april 2	9 19 66 and that i		on death accurred on the date
	and hour and	from the causes sta	ted above (I	(We) (did) (did nat) v	iew the body after death.		
1	23A. SIGNATUR	Heat	ean L	E.W M.D. Atte	ending Med. Stof s. Director Phy	ft Z	4 30 166
	23C. PHYSICIAN NAME (Typ		ean		Montz Gello	- 1 11	osp. Baltimors
24A.	BURIAL CREM	ATION, 248. DATE	24C. N	AME of CEMETERY OF CRI	MATORY 24D. LOCA	ATION (City,	town, or county) (Stote)
25A.	Burial DATE REC'D	5/2/66	25B. NAME C	Calvary Ceme	25C. FUNERAL DIRECTOR	County 1	Md ADDRESS
	MAY 2	1966 120	F 0 47	0.00	Adolphus Hals	tead 1206	W North Ave
VS 1	50-REV. 1/1/65	- UNIVERSE	NO GIVE	Children Has	a d wa		



	ICAL EXAMINER 5	CERTIFICATE OF DEATH Regist	ered Na. 1111
A.E. CASE NO. NAME OF DECEASED		2. DATE AND HOUR PRONOUNG	CED DEAD
Type or Print)	d Davis	Friday 1/29/66	3:00 p N
PLACE IN BALTIMORE MARYLAND, W		4. USUAL RESIDENCE (Where deceosed lived. If in: A. STATE 8. CO	stitution: residence belore admissia
IOSPITAL OR ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If autside corporate limits, wri	17-0
NSTITUTION		Baltimore	
) 577 Ox	ford Street, Baltimo	725 George Street Apt 9	P
SEX 6. RACE Male Colored	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED(specify)	8. DATE OF BIRTH Sept 10, 1927 9. AGE (In years last birthday) 38	11 Under 1 Yr, 11 Under 24 Hi Manths, Doys Haurs Min.
	108 KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Stote or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME	?	14. MOTHER'S MAIDEN NAME	
5. WAS DECEASED EVER IN U.S. ARMET		Miss Sadie Smith 725 Georg	ADDRESS ge St
21A, EXTERNAL CAUSE WAS	ES ANY, GIVING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CON	Alteration of Liver with ear 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F Partial Autopsy. Office bldg, INJURY OCCUR?	FINDINGS CONSIDERED USES OF DEATH?
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. 21 D TIME (Manth) (Day) (Year (APPROX.)	or) (Haur) 21E. INJURY OCCURRE		
I certify that I held an resulted fram: Natural ca		and that on this basis, death in ide	
100			VA L 3 0 1 L V
ACTUAL SIGNATURE EXAMINER'S Werner U. NAME (Type)		D. ASSISTANT MEDICAL EXAMINER X	4/30/66
SIGNATURE EXAMINER'S Werner U.	Spitz, M. D.	ASSOCIATE MEDICAL EXAMINER	1/30/66 by, town, or county) (State)

ON:E Friend breit, with buelt AST THE SENCE PROFILED e chi leine To hang

IOL

pr

made.

disposition

or final

ballmed

E

Gre

mains

before

obtained

pe

must

approval

0

prior to

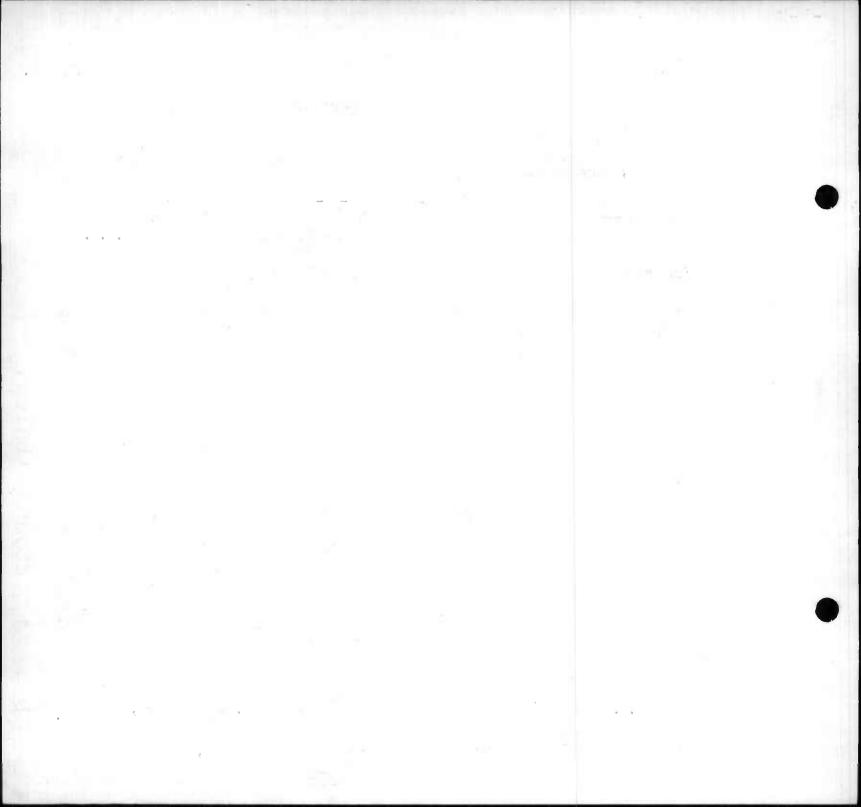
eceased

decease

0

was D.O.A.

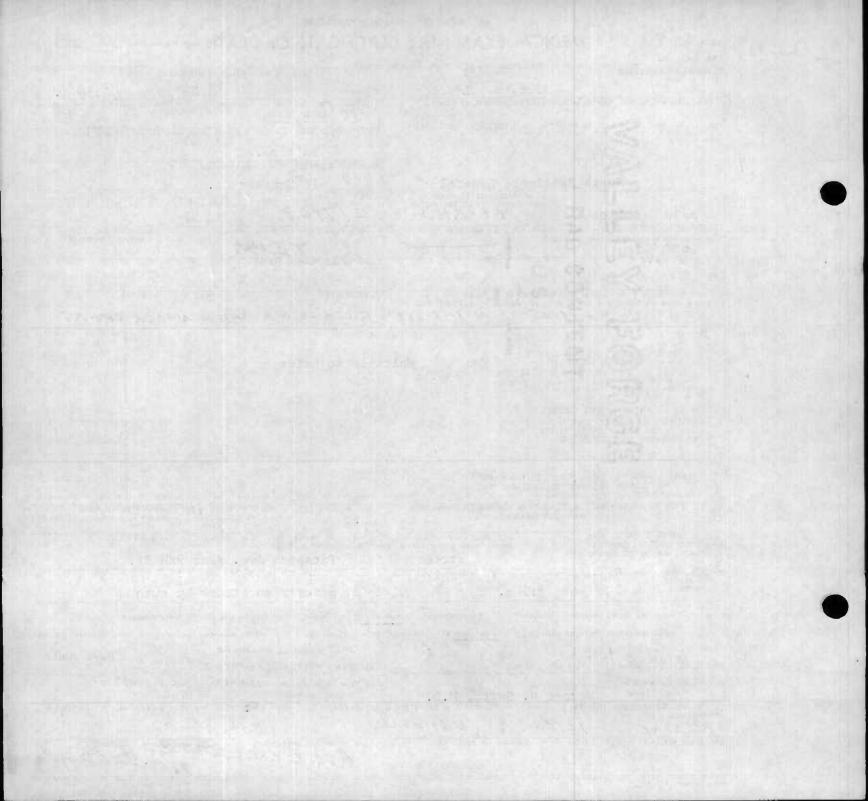
2



L200

1	1			
N	AFDICAL	EXAMINER'S	CERTIFICATE OF	DEATH Registered Na

BIRTH NO.	6 0442MED		BALTIMORE CITY HEAD		DEATH Register	ored No. 6 1442.
M.E. CASE NO.	TAILD	ICAL LA	CAMILIATION C	LKTIITCATE OF	DLATITION	
1. NAME OF DE	CEASED		10 0 11	2. DATE AN	D HOUR PRONOUNC	ED DEAD
(Type or Print)		Jerry	Leach		4/28/6	
3. PLACE IN BAL	TIMORE MARYLAND, W	of and		4. USUAL RESIDENCE (Where		6 2:10 a M. itution: residence before odnássion
				A. STATE Maryland	B. COL	ONTY 25-06
FULL NAME OF	(IF NOT IN HOSPITA	AL OR INSTITU	UTION, GIVE STREET	C. CITY OR TOWN (II outside	de corporate limits, write	RURAL and give township)
NOITUTITZNI				Baltimo		
2				D. STREET ADDRESS (If ruro		
2	Couth Dale		71			
5. SEX	South Balt		Seneral	918 Honal		1011
			DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In yours lost birthdoy)	Months Doys Hours Min.
male	white		ARRIED	211129	37	
	UPATION (Give kind of worl working life, even if retired)	KIOB KIND O	F BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT COUNTRY?
NON		-	-	TEN	IN.	WHAT COUNTRY
13. FATHER'S NAM	ME			14. MOTHER'S MAIDEN NAM	IE .	
	7				9	
	ED EVER IN U.S. ARMED		16. SO CIAL	17. INFORMANT		ADDRESS
(Yes, no or unknown	(If yes, give wer or dete		SECURITY NO.	m. m. i i m As a .		
YES	1847 -195	9	408-58-2537	RUTH LEACH	914 HONA	KER COURT
1B.	134	Congress I	CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASES RISE TO THUNDERLYI	not meen the mode of or, esthenio, etc. It meens implication which coused antecendent Cause or Conditions, if a see above cause (a) strong condition last.	ES ANY, GIVING TATING THE	(B)			
L DISEASE O	DEATH BUT NOT REI		HE			
	F OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes or No)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	
	L CAUSE WAS	21 B,	PLACE OF INJURY (o.g.,	in or obout 21C, WHERE DID		ve exect location)
	OR CONTRIB-	home etc.)				
Z 21 D TIME	(AA16) (D) (V	1 (11- 1 2	Street	21F. HOW DID INJ	Ave. near 9t	n St.
OF INJURY	(Month) (Doy) (Your					
(APPROX.)	4 27 66	8:50a.	WORK AT W	ORK pedestrian	n struck by	auto
22. I cer	tify that I held an l	nquiry		apsy x and that an th	Is basis, death in m	ny opinian
resu	Ited fram: Natural car	uses A	Accident X Suicide	Hamicide .	Undetermined manne	or .
	101.	/	16	CHIEF MEDICAL EX	XAMINER	D. TE CIONED
SIGNAT		· M.	7 3 40	ASSISTANT MEDICAL E	XAMINER X	DATE SIGNED
EXAMIN NAME (NER'S	. II C-4	V	ASSOCIATE MEDICAL E		4/28/66
23A. BURIAL CRE	MATION, 23B. DATE	23	C. NAME of CEMETERY .			town, or county) (State)
BURIA		6	MATIONA		BALTO, MA	
	BY HEALTH DEPT.		OF REGISTRAR			crebestian Aux.
MA)	[Z 1965 (A)	اعتروا	OMA	Paul C.	36	17 Cheston 17 than,



FUNERAL DIRECTOR: IMPORTANT
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death Cr
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased 🔊
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the O
deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such
written anaroval must be abtained hefore the remains are embalmed or final disnosition is made

BIRTH NO. 66 (14426)		E OF DEATH	Registered Na	66 04426
M.E. CASE NO. 1. NAME OF DECEASED (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	114	29)	APRIL 196	6 3/30 P M.
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	and the second s	side city limits, write RU	13-07 RAL ond give township)
UNION MEMORIAL HOSPI	TAL	716 W. 3	urol, give location)	
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BL	RRIED		ost birthdoy)	If Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min,
done during most of working lite, even if retired) RETIRED 13. FATHERS NAME	14	MD. MOTHER'S MAIDEN NAM	A.E.	WHAT COUNTRY?
15. Was Deceased Ever in U. S. Armed Forces?		SARAH 7. INFORMANT	-	ADDRESS
(Yes, no or unknown) IIIf yes, give wor or dotes of service)	SECURITY NO.	MAGGIE	SMITH-	WIFE - SAME
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A)	YOCARDIAL I	NFARCTION	ONSET AND DEATH
(This does not mean the mode of dying, e.g., heort failure, asthenia, etc. It means the disease, injury ar camplication which caused death.) ANTECEDENT CAUSES	(B) APTE	RIOSCERONE HER	IRT DISEAS	= 30 years
DISEASES OR CONDITIONS, if any, giving tise to the above cause (A) stoting the	DUE 10			0
UNDERLYING CONDITION Iasi. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WH WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF Lower, etc.)				
19A. DATE OF OPERATION 19B. CONDITION FOR WH	ICH OPERATION	20 A. AUTOPAY (Yes or No)	20B. IF YES, WERE FIF IN CERTIFYING CAUS	NDINGS CONSIDERED
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner) 21A. ACCIDENT WAS UNDERLYING 21B. PL home, etc.)	ACE OF INJURY le.g., in form, foctory, street, offic	or obout 21C. WHERE DID te bldg., INJURY OCCUR?	IIf in Boltimore	City, give exact location)
© ▼ OF INJURY (APPROX.) While Work	At Work			
22. I certify that (this haspital) attended the that (we) last sow the deceased alive an	20 11	4 1 6		on death accurred on the date
and hour and fram the causes stated above. TO (M.D. Attend	ling Med.	Stolf Phys.	29 April 66
23C. PHYSICIAN'S NAME (Type) VAN CUSTER 24A. BURIAL CAR (Section), 124B. DATE 24C. NAM	M.D.		CATION (City,	AL town, or county) (State)
BUMIAL 5/2/66 LON 125A, DATE REC'D BY HEALTH DEPT. 125B, NAME OF	RAINE REGISTRAR MA		ALTO, MO	
VS 150-REV. 1965	Jansey,	Paul 2, C	horomed 3	Girculus Av

JAT 1201 JA - - - JAT 1201 JA - - - JAT 1201 JA - - - JAT 1201 JA - - JAT 1201 JA - - JAT 1201 JA - JAT 1201 JA - JAT 1201 JA - - JAT 1201 JA - JAT 1201 JA

3

.

BALTIMORE CITY HEALTH DEPARTMENT 66 04427 Registered Na. BIRTH NO. CERTIFICATE OF DEATH the Such of death (4) Undetermined cause; (5) Deceased M.E. CASE NO. 2. DAJE AND HOUR OF DEATH Type or Print) uo SCAR hospital 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) eath ance B. COUNTY STATE contributing cause LTIMURE FULL NAME OF (If not in hospital or institution, give street B HOSPITAL OR address or lacation) (If outside city limits, write RURAL and give township) attend INSTITUTION 0 HOME & HOSPITAL MI prior D. STREET ADDRESS rurol, give location occurred JOPPA disposition is made. regular 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years deceased WIDOWED, DIVORCED (specify) lost birthday CED -0 OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) = 14. MOTHER'S MAIDEN NAME MOS the assistant if death LO 5. Was Deceased Ever in U. S. Armed Forces kind; 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO. attendance 212-69-3673 15510 any pronounced 0 DISEASE OR CONDITION DIRECTLY Also, oto embalmed LEADING TO DEATH fracture (This does not meen the made of dying, e.g., heart failure, asthenio, etc. It means the disease, the chief medical examiner regular injuly at camplication which coused death.) Po ANTECEDENT CAUSES gre 4 DISEASES OR CONDITIONS, il ony, giving 3 <u>ල</u> rise to the obove couse (A) stoling the physician the remains UNDERLYING CONDITION last. burns; physician was CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING IT. Body 198. CONDITION FOR WHICH OPERATION LUSTO 2014. AUTOPSY? (Yes or No)
WAS PERFORMED TO RTIC PROVINCY
DISEASE, ROCH PANCEY
UES 19A. DATE OF **OPERATION** 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? the 0 34/19/66 WAS PE DISE 214 ACCIDINT WAS UNDERLYING OR CONTRIBUTING CAUSE OF before the body was released to the hospital by 3 919 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg, INJURY OCCUR? (II in Boltimore City, give exact location) °N MEDICAL DEATH (notify medical examiner) any nature; ¥ by be obtained 21 D. TIME (Month) (Doy) (Year) 21E, INJURY OCCURRED (Hour) 21F. HOW DID INJURY OCCUR? 9 approved OF INJURY (except While At Not While (APPROX) pup Work 22. I certify that (1) (this hospital) attended the deceased from that (1) (we) last saw the deceased alive an19 ...and that in(my) (our) opinion death accurred on the date of death) hospital and hour and from the causes stated above. (1) (We) (did) (did not) view the bady after death. An accident must 23A. SIGNATURE certificate must Attending Phys. Med. Stoff 0 Director deceased prior to written approval Phy s. 0 23 C. PHYSICIAN'S 23 D. ADDRESS at NAME (Type) M.D. Church Home Hospital A shows: (1) 24A. BURIAL CREMATION, 24C. NAME of CEMETERY OF CREMATORY (City, town, or county) was D.O. REMOVAL (Specify) St. Michael's Cemetery Baltimore, 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR VS 150-REV. 1/1/65

If Under 1 Yr. Months: Doys

12. CITIZEN OF WHAT COUNTRY?

23 B. DATE SIGNED

Md.

ADDRESS

(Stote)

· S.

INTERVAL BETWEEN ONSET AND DEATH

If Under 24 Hrs.

e-Gab tarring the party The state of the s

D.O.A.

he body

shows: SID eceased

ritten

24A. BURIAL CREMATION, 248. DATE

25A, DATE REC'D BY HEALTH DEPT.

4/30/66

258. NAME OF REGISTRAR

REMOVAL (Specify)

Burial

VS 150-REV, 1/1/65

pital and of death Deceased

hospital

0

Such

death.

0

prior

uo

ance

attend

(2) cause

canse;

BALTIMORE CITY HEALTH DEPARTMENT Registered No. 100 14425 66 114420 CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) 11:30 p. KAROLINE F. PERNER April 28, 1966 4. USUAL RESIDENCE (Where deceosed lived, If institution: residence before admission)
A, STATE
B. COUNTY 3. PLACE OF DEATH IN BALTIMORE MARYLAND Md., 21205 ()f not in hospital or institution, give street FULL NAME OF address or location) (Il outside city limits, write RURAL and give township) C. CITY OR TOWN INSTITUTION D. STREET ADDRESS (If rurol, Harford Gardens Nursing Home (If rural, give location) 809 N. Lakewood Ave. 9. AGE (In years If Under 1 Yr. If Und Months: Days Hours 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 24 Hrs. last birthdoy) WIDOWED. DIVORCED (specify) 7/14/1878 widowed female white 10A USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dane during most of working life, even if retired) U.S.A. Czechoslovakia Housewife at home 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Steven Hranicka unknown 15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (II yes, give war or dotes of service) 6. SOCIAL Baltimore, 20, Md. SECURITY NO. 216-10-9346B Mrs. Carolyn McNelly, Box 738, Rt. 15 CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (A) Grterioklantic Heart chisease

(B) Browcho-pneumonia

(Serealized Osteo-arthritis LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 20A. AUTOPSY? (Yes or No) 19A. DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (II in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) ō (Month) (Day) (Year) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased fram and that in (my) (evr) Spinian death accurred on the date and haur and from the causes stated above. (1) (Wer Vata) (dld nat) view the bady after death. 238 DATE SIGNED 23A, SIGNATUR Med. Stoff M.D. Attending Phys. Director _ Phy s. 23C. PHYSICIAN'S 23D. ADDRESS Louis Klimes

4814 Bowleys Lane 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION Bohemian National Cem. Baltimore. Md. Schimunek Funeral Home, Inc. 3331 Brehms Lane

your my Challe - will his

Such

death.

0

prior

deceased

the

ПО U

attendance

gular

re are

=

physician

°Z

9

and

death) hospital

9

prior to

deceased

Was

0

to the hospital

by

approved

must

any nature;

accident of

An D.O.A. shows: (1)

the body was released

made.

isposition

final

10

balmed

em

the remains Was

before

obtained

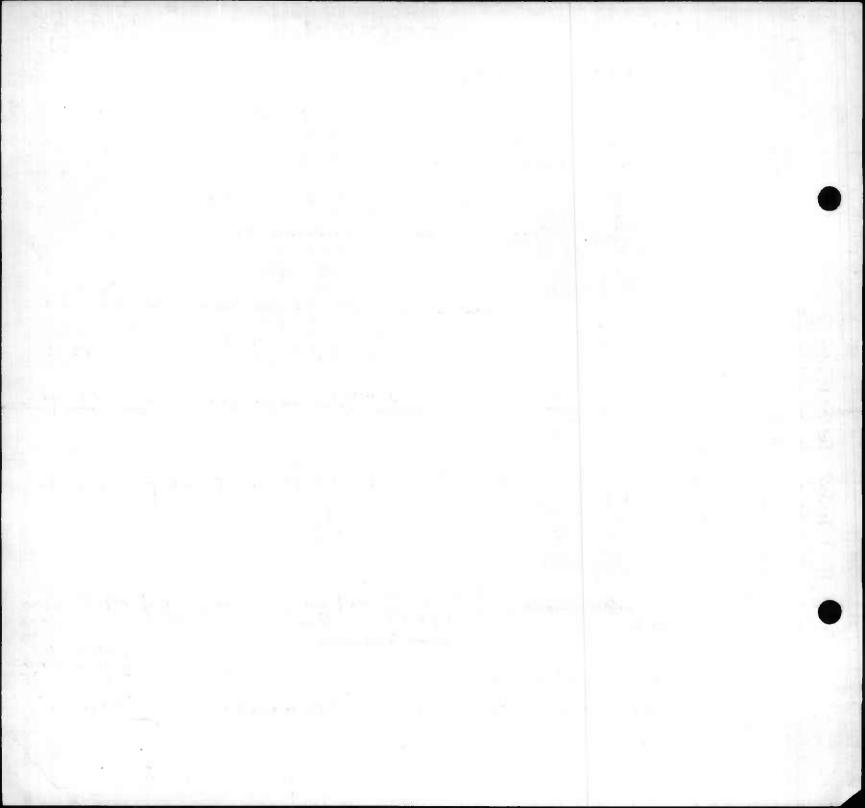
pe

must

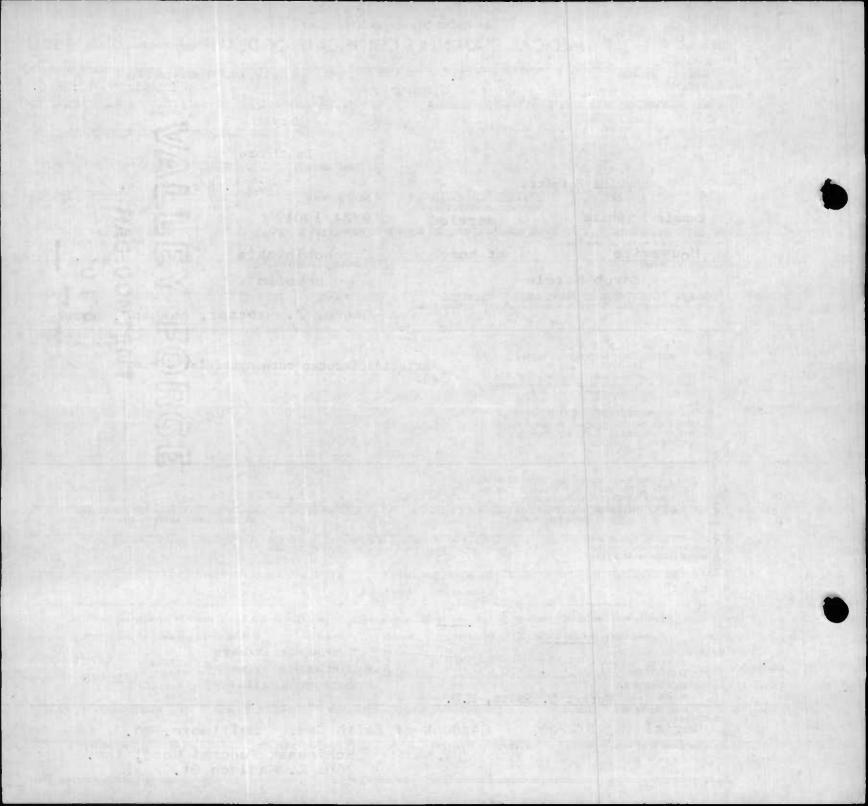
pproval

written

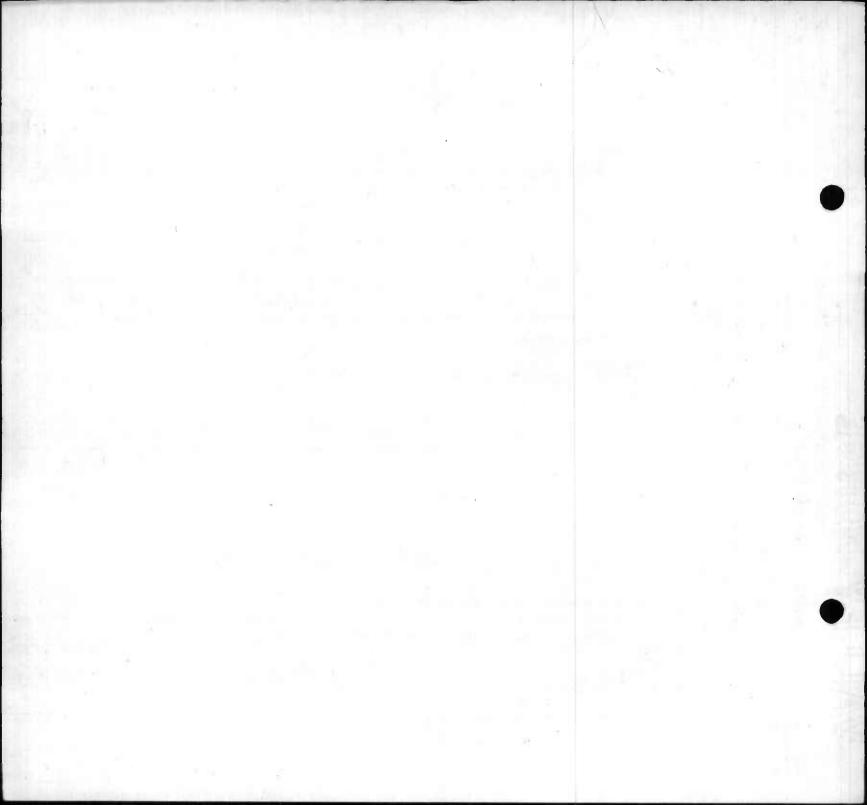
VS 150-REV. 1/1/65



BIRTH NO.	MEDI	CAL EX	AMINER'S C	ERTIFICATE C	OF DEATH Regist	ered No. 60 14.31	
M.E. CASE NO.	CEASED		Α.	12. DA	TE AND HOUR PRONOUN	CED DEAD	
(Type or Print)	J	osephin				28/66 10:35 a	
3. PLACE IN BAL	TIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	II A. STATE	Where deceosed lived. If in:	stitution: residence before admissio	
FULL NAME OF	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
INSTITUTION				Baltimore			
3				D. STREET ADDRESS (If rural, give location)		
	Hopkins Hospi				628 N. Street		
female	6. RACE white	WIDO WED,	NEVER MARRIED DIVORCED(specify) Larried	9/24/1901	9. AGE (In years lost birthdoy) 64	Months Doys Hours Min.	
IDA. USUAL OCC	UPATION (Give kind of work			11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF	
done during most of working life, even if retired) Housewife at home			home	Czechoslo	vakia	U.S.A.	
13, FATHER'S NAME				14. MOTHER'S MAIDEN NAME			
	Zarub Merg			unknown			
	D EVER IN U.S. ARMED		16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS	
				George J.	Sterner, hu	sband, above	
1B.	2,1,		CAUSE	OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEA	SE OR CONDITION DE	RECTLY	Amtoni	-a-lematic o	andi arragani an 1		
(This does	not meon the mode of	dying, e.g.,	(A) Arteri	loscierotic ca	ardiovascular (1126926	
injury or co	, osthenio, etc. It means mplication which coused	the disease, death.l	Side Side Saute				
	ANTECENDENT CAUSE	S					
DISEASES	OR CONDITIONS, IF A	NY, GIVING	DUE TO	20000 00 00 00 00 00 00 00 00 00 00 00 0			
UNDERLYII	NG CONDITION LAST.	AING THE					
<u>o</u>	**		(C)				
S TO THE	II NIFICANT CONDITIONS DEATH BUT NOT REI R CONDITION CAUSING	ATED TO T	NG HE				
19A. DATE OF	OPERATION 198, CON	DITION FOR	WHICH OPERATION	20 A. AUTOPSY? (Yes	or No) 20B. IF YES, WERE F	INDINGS CONSIDERED	
0 0	WAS PERI	FORMED		no	IN CERTIFYING CAL	JSES OF DEATH?	
ZIA. EXTERNA	L CAUSE WAS	21 B,	PLACE OF INJURY (e.g.,		DID (If in Boltimore City. g	give exact location)	
UTING CAU	SE OF DEATH.	etc.)	,,,,,,				
21 D TIME	(Month) (Doy) (Yeor	(Hour) 2	1E. INJURY OCCURRED	21F, HOW DI	O INJURY OCCUR?		
(APPROX.)		m, V	VHILE AT NOT	WHILE			
22.	tify that I hald an I				an Alia basis de al s		
	tify that I held on I			e Hamicide	an this basis, death in		
resul	ted fram: Natural car	Ses	cordent Suicid			ner	
ACTUA		100	- (-		L EXAMINER L	DATE SIGNED	
SIGNAT		VI. 31	M.D.	ASSISTANT MEDICA		4/28/66	
EXAMIN NAME (Type) Werner U	Spitz	M.D.	ASSOCIATE MEDICA	AL EXAMINER	THE STATE OF	
23A. BURIAL CRE	MATION, 23B, DATE		C. NAME of CEMETERY	CREMATORY	23D. LOCATION (City	y, town, or county) (Stote)	
Buria!	5/2/6	6	Gardens of	Faith Cem.	Baltimore	. Md.	
24A. DATE REC'D	BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIR	ECTOR	ADDRESS	
MAY	2 1985 01	J.C.	A STATE OF THE STA	Schimune	ek Funeral H Madison St.	ome, inc.	
VS 151-REV. 1/1/	65						



VS 150-REV. 1/1/65



66 04432	BALTIMORE CIT	Y HEALTH DEPARTMENT	P 04429	
BIRTH NO.	CERTIFICA	ATE OF DEATH Registered No	6 04432	
N.E. CASE NO. 1. NAME OF DECEASED		2. DATE AND HOUR OF DEAT	Н	
Harold A. Smith		4-30-66	11 45	
3. PLACE OF DEATH IN BALTIMORE MARYLAND)	4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission		
		A. STATE B. COUNTY	manufacture veloce velo	
FULL NAME OF (If not in hospital or institu	ution, give street	Maryland A. A. Cou	inty	
HOSPITAL OR oddress or location)		Maryland A. A. County C. CITY OR TOWN (II outside city limits, write RURAL and give township)		
3		Brooklyn Park	3200	
2		D. STREET ADDRESS (If rural, give location)		
South Baltimore Gene	eal Hospital	4400 Belle Grove Rd.	25	
	RRIED, NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr., II Under 24 H	
	OWED, DIVORCED (specify)	lost birthdoy)	Months Doys Hours Min.	
\mathcal{W}	Widowed	5-3-1890 75		
IOA, USUAL OCCUPATION (Give kind of work 108, KINd done during most of working life, even if retired)	1D OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
	ere Brast & Copp	per Baltimore, Md.		
3. FATHER'S NAME	ere Brase & Copp	14. MOTHER'S MAIDEN NAME		
Judson H. Smith		Amma Ambana		
		Anna Askew		
5. Was Deceased Ever in U. S. Armed Forces? Yes, no or unknown](II yes, give wor or dotes of ser	1 6. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
No None	JECORITI NO.	Miss Anne E. Smith 1305	Highland Da	
	CALLES	OF DEATH		
18. 5 2 7. / 1	CAUSE	OF UCAIN	INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY	D	I A LANGE CARRIER	7	
LEADING TO DEATH	(A)	LMOLHRY KAPHYSU	14 30 (M)	
(This does not mean the mode of dying, heart failure, asthenia, etc. 11 means the dis	e.g., DUE TO			
injury ar camplication which caused death.				
ANTECEDENT CAUSES	(B)			
DISEASES OR CONDITIONS, if any,		n = c · -	7 4	
rise to the above cause (At stating	The (C)	75 CUD	Zutyns	
UNDERLYING CONDITION last.	* ** ** ** ** ** ** ** ** ** ** ** ** *	#		
11				
O OTHER SIGNIFICANT CONDITIONS CONTRIB	IUTING			
TO THE DEATH BUT NOT RELATED T	O THE COM	Phimopale	5 VKS	
	FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No.) 208. IF YES. WER	E FINDINGS COASIDERED	
WAS PERFORMED		IN CERTIFYING	AUSES OF DEATH?	
O 21A. ACCIDENT WAS UNDERLYING	218 PLACE OF INTERVIOR	in or about 21 C. WHERE DID (II in Boltim	nore City, give exact location)	
OR CONTRIBUTING CAUSE OF	home, lorm, loctory, street,	office bldg., INJURY OCCUR?	one only, give exoct loconom	
DEATH (notily medical examiner)	etc.)			
O 21D. TIME (Month) (Doy) (Year) (Hour	21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
(APPROX.)	While At Not Wh			
(ATTROX)	Work L At Work	k 11/21/10	11/2	
22. I certify that (1) (this hospital) atten		19 10	19 66	
that (I) (we) list saw the deceased alive	e an 4/30/66	19 6 and that in (my (aur))	nining death accurred on the d	
			Francis decine deconted on the d	
and haur and fram the causes stated aba	ve. () (We)(did)(did not)	Niew the bady after death.		
23A SIGNATURE	10		23B. DATE SIGNED	
Collins 1 Hal	M.D. AI	Med. Stoll Phys.	4/30/66	
23C. PHYSICIAN'S		23D. ADDRESS		
NAME (Type)				
	M.D			
24A. BURIAL CREMATION, 24B. DATE	4C. NAME of CEMETERY or C	REMATORY 24D. LOCATION	(City, town, or county) (State)	
REMOVAL (Specify)	т ,			
Burial 5/2/1966	Loudon Park Ce		aryland	
25A. DATE REC'D BY HEALTH DEPT. 25B. NY	AME OF REGISTRAR	25C. FUNERAL DIRECTOR	a Adoptess my,	
MAI & 1300 CL	1	Wnih. Tuhner a &	no mother la	
VS 150-REV. 1/1/65				

South Baltman Garand Happlac 5-3-140 75 PLL K- word Christian 45600 700 CUR PULLULUE

D.O.A.

SID

3

shows:

eceased

written

REMOVAL (Specify)

Burial

VS 150-REV. 1/1/65

Such

eath.

O

0

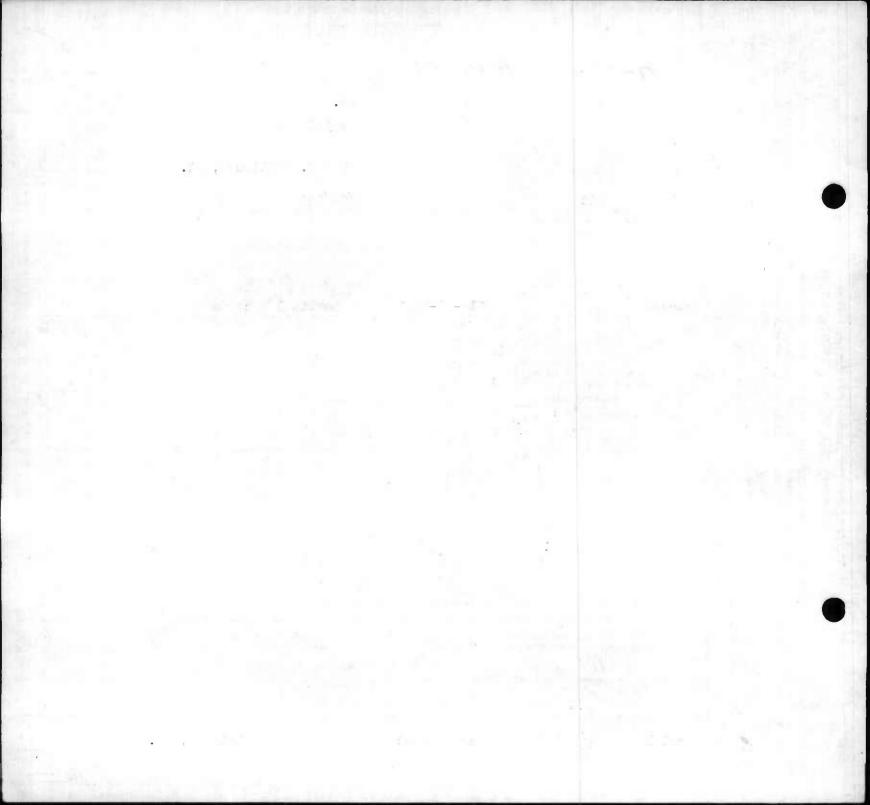
No

ance

hospital

BALTIMORE CITY HEALTH DEPARTMENT 66 04433 Registered No ._ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE Md. (If not in hospital or institution, give street **FULL NAME OF** HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give INSTITUTION Baltimore D. STREET ADDRESS (If rural, give location) E. Baltimore, St. 5. SEX MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In If Under 24 His. If Under 1 Yr. Months! Doys Hours WIDOWED, DIVORCED (specify) lost birthdoy! 9/25/1899 66 BIRTHPLACE (State or foreign country) Male White 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 214-01-2107 Unknown Hospital Records CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTO etruma LEADING TO DEATH (This does not mean the made of dying heart lailure, asthenia, etc. It means the disease injury or complication which coused death.) OUE TO DISEASES OR CONDITIONS, if ony. to the above couse (A) sloling UNDERLYING CONDITION lost T CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING Tremero TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH 20 A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21 . WHERE DID 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR? AL DEATH (notify medical examiner) MEDIC 21 D. TIME (Day) (Year) (Hour) 21E, INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY Not While While At (APPROX.) At Work 22. I certify that (1) (this hospital) attended the deceased from 3 - 1/that (1) (we) last saw the deceased alive an # - 7 7 19 66 and haur and from the causes stated abave. (1) (We) (did) (did not) view the bady after deoth. 23A. SIGNATURE 23B DATE SIGNED Attending Phys. Stoff Med. M.D. Director L Phys. 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) M.D. 24A. BURIAL CREMATION, 24B. DATE

and that in (my) (aur) apinion death accurred on the date 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) 4/30/66 Sacred Heart Baltimore. Md. 25C. FUNERAL DIRECTOR ADDRESS 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR



VS 151-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT

BIRTH NO. 66

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No.

A.E. CASE NO.							
NAME OF DEC	EASED	н. н.			2. DATE AN	D HOUR PRONOUNCED DEAD	
7,500	Willia	am Hunt			Frida	ay 4/29/66	6:30. pm.
PLACE IN BALT	MORE MARYLAN	D, WHERE PRONOL	INCED DEAD	4. USUAL RESID	ENCE (Where	deceased lived. If institution res	
05	UE NOT IN U	DON'T ALL OR INICALLE	IDON CIVE STREET		land	B, COOKII	
ULL NAME OF	ADDRESS OR		THON, GIVE STREET			e corporate limits, write RURAL	ond give township)
NOITUTION				Del+	imama	18-	13
	The description	An Hamilton		D. STREET ADDI	imore tess (If rurol,	give location)	0 -
	universi	ty Hospita	rT.				
SEX	6. RACE	7. MARRIED.	NEVER MARRIED	B. DATE OF BIRTH	West I	9. AGE (In years II Und	or 1 Yr. If Under 24 Hrs.
		WIDO WED, I	DIVORCED (specify)				Doys Hours Min.
Male	White		vorced	Aug. 20,	1917	118	
			BUSINESS OR INDUSTRY			WH	ZEN OF AT COUNTRY?
	vorking life, even il rel 317			Lewis C			
FATHER'S NAM	E			14. MOTHER'S M	AIDEN NAM	E	1975
Walter	G. Hunt			Oci	2		
WAS DECEASE	D EVER IN U.S. Al		16. SO CIAL SECURITY NO.	17. INFORMANT		503 South George	St
				Col Torr			
Yes	World Wa	1. TT	3232-09-2901	Col. Jay	nunt	Charlestown, Wes	INTERVAL BETWEEN
DISEASES (RISE TO TH UNDERLYIN	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)						
TO THE	II NIFICANT CONDITI DEATH BUT NO R CONDITION CAL	IONS CONTRIBUTING TO TO TUSING IT.	NG HE	******************************			
	OPERATION 198.		WHICH OPERATION	20A. AUTOPSY	? (Yes or No)	20B. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF D	
UNDERLYING DEAU			PLACE OF INJURY (e.g., form, foctory, street, c			(II in Boltimore City, give exact	locotion)
21D TIME	(Month) (Doy)	(Yeor) (Hour) 2	1E. INJURY OCCURRED	21F. H	THE DID WIL	JRY OCCUR?	
(APPROX.)		v		WHILE			
22. Certify that I held an Inquiry lospection Autopsy and that an this basis, death in my apinian						on	
resul	ted fram: Natura	al causes Y	seident Suicid	e Homici	de 🗌 L	Undetermined manner	
	-				EDICAL EX		
ACTUAL	- 1.102	01	, / - (DATE SIGNED
SIGNAT	URE AND	711	M.D.			7 2 1	66
EXAMIN		rner U. Sp	tz, M. D.	ASSOCIATE M	EDICAL EX	XAMINER	
NAME (C. NAME OF CEMETERY O	CDEAAATOOV	220 1	OCATION (City town	county) (Stote)
MOVAL (Specily		23	C. NAME OF CEMETERY O	T CREMATORT	230.	OCATION (City, town, or	County/ (Store/
Burial	5/3	/1966	Baltimore Nat	ional Cem	eterv	Baltimore, Md.	
	BY HEALTH DEPT.	24B, NAME	OF REGISTRAR	24C. FUNER	AL DIRECTOR		ADDRESS /
MAY	2 1966 (MA CONTRACTOR	THE WAR	Wh	1.70	ihner & Sone	hosterfa

· 1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年,1000年, v. v e Letter 1 word 1 to 1 to 10 to

deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the

BALTIMORE CIT		66 (14435				
CERTIFICA	ATE OF DEATH Registered No.					
Ruppel	April 30, 1966	18.				
ion, give street	4. USUAL RESIDENCE (Where deceased lived. If A. STATE 8. COUNTY Mar yland	5-04				
Irania	Baltimore	e RURAL ond give to wnship)				
	1907 North Fulton Ave.	17				
WED, DIVORCED (specify)	Aug. 6, 1879 9. AGE (In years lost birthday) 86	If Under 1 Yr. If Under 24 H Months Days Hours Min.				
OF BUSINESS OR INDUSTI	Baltimore, Maryland	12. CITIZEN OF WHAT COUNTRY?				
	14. MOTHER'S MAIDEN NAME					
16. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS				
	Mr. Albert J. Ruppel san	me address as above				
e.g., (A) CO	0	INTERVAL BETWEEN ONSET AND DEATH				
(B)	el sefi varvling	House V				
ving	·					
	ā					
OR WHICH OPERATION	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WEF	RE FINDINGS CONSIDERED CAUSES OF DEATH?				
21 B. PLACE OF INJURY (e.g. hame, form, foctory, street, etc.)	in or about 21 C. WHERE DID (If in Boltin office bldg., INJURY OCCUR?	nore City, give exact location)				
		./				
(APPROX.) 22. I certify that (I) (this hospital) attended the deceased from 4/20 1959 to 4/30 1966 that (I) (wa) lost sow the deceased clive on 4/30 7966 and that in (my) (cor) opinion death occurred on the da						
e. (I) (We) (dId) (did not)						
Ja M.D. A	nys. Director Phys.	5/2/66				
ock In M.E	1000 Jainoll	BLOD				
		(City, town, or county) (Stotel				
Loudon Park Ce		aryland				
NO. WEST PAR	2.4. A 7. A 8	Ballo, my				
	CERTIFICA Ruppel ion, give street Avenue d 21217 RIED, NEVER MARRIED DWED, DIVORCED (specify) idowed D OF BUSINESS OR INDUSTR CAUSE e.g., OSE, CAUSE (A) DUE TO DUE TO OSE, CO Ving The OR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) 21E. INJURY OCCURRED While At Not Will Work At Work et (I) (We) did) (did not) A.D. A PI C. NAME of CEMETERY of C	Ruppel A USUAL RESIDENCE (Where decessed lived. If A. STATE Maryland C. CITY OR TOWN (If outside city limits, write Baltimore OF STREET ADDRESS (If rurol, give location) 1907 North Fulton Ave. STREED, NEVER MARRIED WEED, DIVORCED (specify) 1600wed DOF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) Baltimore, Maryland 14. MOTHER'S MAIDEN NAME 2 CAUSE OF DEATH (A) CALCULATION THE CRUSHITY NO. 17. INFORMANT Mr. Albert J. Ruppel Sal CAUSE OF DEATH (A) CALCULATION (B) DUE TO CELL LEFT PRIVATE (If in Bolini home, form, foctory, street, office bidg., INJURY OCCUR? While AI NOTHER DID INJURY OCCUR? WORK AI WORK				

VS 150-REV. 1/1/65

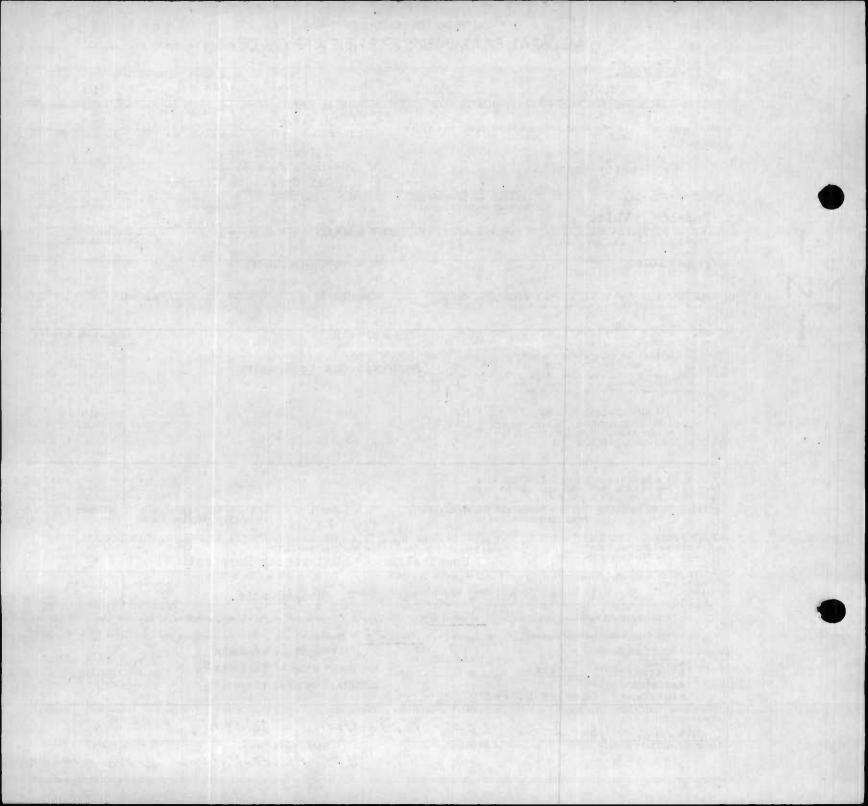
	CG DAA.Sh	Y HEALTH DEPARTMENT	: 04438
	CERTIFICA	ATE OF DEATH Registered No.73	Z_CISISERAL
1. N	AME OF DECEASED.	2. DATE AND HOUR OF DEATH	11. 1/100
	PLACE OF DEATH IN BALTIMORE MARYLAND	14. USUAL RESIDENCE (Where declared lived, thins	166 4101
3.	EACE OF DEATH IN BALLIMORE MARILAND	A. STATE B. COUNTY	O //
	FULL NAME OF (If not in hospital or institution, give street address or lacation)	C. CITY OR TOWN (It outside city limits, write R	UPA1 and give township)
1	NSTITUTION	BALTO MID	OKAL OILD GIVE IOWISHIP!
7	UHIDH MEMORIAL	D. STREET ADDRESS (If rural give location)	0
		100 W. Coup >	PRING LA
5. 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH 9. AGE (In years lost birthday)	If Under 1 Yr. If Under 24 Months Days Hours Mir
	USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR during most of we Summers if refired) Fertilizer	Y 11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
	xecutive Fertilizer Co. Mfg.	NEW JERSEY	481
13.	FATHER'S NAME	14. MOTHERS MAIDEN NAME	
	OHRISTIAN FESSLER	MARTHA GROSS	
	Was Deceased Ever in U. S. Armed Forces? s,no ar unknown)(I(yes, give wor or dates of service) SECURITY NO.	17. INFORMANT	ADDRESS
	No None	WIFE	87 A
	18. 2 CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	D. 1 = 1 0	
	(This does not meon the mode of dying, e.g., DUE TO	Kerd Failure - oliguna	
	heort failure, osthenia, etc. It means the disease, injury or complication which caused death.)	mal a ma	4
	ANTECEDENT CAUSES (B)	Multiple Myeloma	T years
	DISEASES OR CONDITIONS, if any, giving	V	0
	rise to the above couse (A) stoting the (C) UNDERLYING CONDITION last,		
	11		11/1/
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Somuel Hoge
CERTIFIC	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE F	INDINGS CONSIDERED
CERT	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g.,	in or about 2 C. WHERE DID (II in Baltimore	City, give exact lacation!
CAL	OR CONTRIBUTING CAUSE OF DEATH (notify medical examine) home, form, factory, street, etc.)	in a about 2 C. WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	,,
EDI	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	_
2	(APPROX.) While At Work Not Who		11/2
	22. I certify that (t) (this hospital) attended the deceased fram	4/26 1966 to	4/50 196
-	that HT (we) lost sow the deceased alive on U(10 P)	19 60 and that interns) (our) apin	
	ond hour and from the causes stated above. (1) (did) (did not)	//	
	23A. SIGNATURE D. I		23B. DATE SIGNED
		ttending Med. Stoff	4/30/10
	23C. PHYSICIAN'S	23 D. ADDRESS	1/2/01
	ROBERT N. WHITLOCK	. UNION MEMORIAL HOSPIT	AL
24/	BURIAL CREMATION, 248. DATE 24C. NAME of CEMETERY OF C	REMATORY 24D. LOCATION (Cit	y, town, or county) (Sta
	Burial 5/3/1966 Druid Ridge Cer	metery Pikesville, Mar	rvl and
25/	. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR	25C. FUNERAL DIRECTOR	B / DORES Prod
	MAY 2 1966 P 10 6- C. January	Della 1 Tichan Don	Date of

TAT JON 14

The That . I is given

6	6 04437	BA	LTIMORE CITY HEA	ALTH DEPARTMENT		1	00 ()	4437
BIRTH NO.	MED	ICAL EXA	MINER'S	CERTIFICAT	E OF D	EATH Register	red No	
M.E. CASE NO.								
1. NAME OF DE (Type or Print)	MARY		BARNES			HOUR PRONOUNCE	D DEAD	3:00 A
2 PLACE IN RAI	TIMORE, MARYLAND, V	VHERE PRONOUN		IA LICITAL RECIDE	May 1	eceosed lived. If insti	tutions socide	Μ.
FULL NAME OF HOSPITAL OR INSTITUTION	(IF NOT IN HOSPIT ADDRESS OR LOC			Mary C. CITY OR TOWN	land	corporote limits, write	nan	Eldmer
Unix	ersity Hospi	tal		D. STREET ADDRE		-		0 00-1
d only	relatey mospi	· cul				ore Circle		
5. SEX	6. RACE	7. MARRIED, NE		B. DATE OF BIRTH		9. AGE (In years lost birthdoy)		Yr. If Under 24 Hrs.
Female	White	WIDO WED, DIV	ORCED (specify)			19	Months, D	oys Hours Min.
	UPATION (Give kind of wo working life, even if retired)	rk 108. KIND OF B	JSINESS OR INDUST	RY 11. BIRTHPLACE (S	tote or foreign		12. CITIZEN WHAT	OF COUNTRY?
13. FATHER'S NA	ME			14. MOTHER'S MA	IDEN NAME			
	ED EVER IN U.S. ARME		SOCIAL SECURITY NO.	17. INFORMANT			ADDRESS	
OTHER SIG	SE OR CONDITION D LEADING TO DEATH not meen the mode of a sthenio, etc. If meen omplication which coused ANTECENDENT CAUSE OR CONDITIONS, IF the ABOVE CAUSE (A) SING CONDITION LAST. II GNIFICANT CONDITIONS DEATH BUT NOT REPORTED TO THE CONDITION CAUSIN DRECONDITION CAUSIN DRECONDITION CAUSIN DRECONDITION CAUSIN DRECONDITION CAUSIN DRECONDITION CAUSIN CAUSIN CAUSIN CAUSING CONDITION CAUSIN CAUSIN CAUSING CONDITION CAUSING CONDITION CAUSING C	f dying, e.g., s the disease, deoth.) ES ANY, GIVING STATING THE	(A) Asphous to	nyxia due to) Hangir	ng.		
19A. DATE O	F OPERATION 198, COI	NDITION FOR WH	ICH OPERATION	20 A. AUTOPSY?	(Yes or No) 2	OB. IF YES, WERE FIN N CERTIFYING CAUS	IDINGS CO	N SIDERED TH?
O UNDERLYING	AL CAUSE WAS MOR CONTRIB- JSE OF DEATH. (Month) (Doy) (Yes	or) (Hour) 21 E.	Hospital	21 F. HO		Hospital RY Occur?	ve exoct loc	otion)
	rtify that I held on Ited from: Noturol co	Inquiry	nspection X A	utopsy ond	that on this	bosis, deoth in m		
ACTUA SIGNAT EXAMII NAME (TURE CL	es S. Pett	cus M.		DICAL EXA	AMINER AMINER		DATE SIGNED 5/1/66
REMOVAL (Special	EMATION, 23B. DATE	23C. I	FE'S CR			As hing t		(Stote)
CREMATI 24A. DATE REC'D	BY HEALTH DEPT.	24B, NAME OF	REGISTRAR	24C, FUNERA	L DIRECTOR	•	AD	DRESS
MAY	2 1966 12 (2 -23	Deg Mil	LEE	FUNER.	Al Home	WAS	hing ton, D.

VS 151-REV. 1/1/65

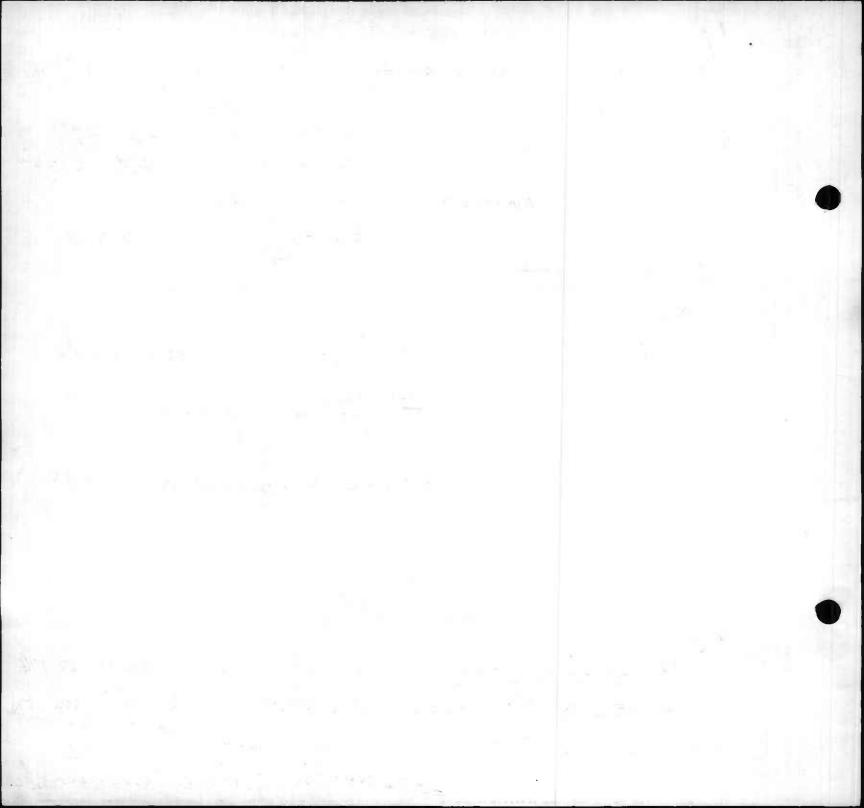


This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death). FUNERAL DIRECTOR: IMPORTANT

BIRTH NO.	66	11449	CITY HEALTH DEPARTMENT		66 04438
M.E. CASE NO. 1. NAME OF DECE (Type or Print)		Michall	2. DATE	and hour of death	0.0
PLACE OF DEA	TH IN BALTIMORE, M. CALLER ODDING	AMENDED //	4. USUAL RESIDENCE IV A. STATE B. CO Md. C. CITY OR TOWN (III BA TIMO D. STREET ADDRESS	Vhere deceased lived. II in DUNTY automotion outside city limits, write	RURAL and give township)
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (apecili	B. DATE OF BIRTH ROF		If Under 1 Yr. If Under 24 Months Doys Hours Mi
	PATION (Give kind of wo vorking lile, even if retired)	OR TOB. KIND OF BUSINESS OR INDU		loreign country)	12. CITIZEN OF WHAT COUNTRY?
3. FATHERS NAM	er R.		14. MOTHER'S MAIDEN	ry 7	
Yes, no or unknown)	Ever in U. S. Armed Fo III yes, give wor or do	les of service) 16. SOCIAL SECURITY NO.	17. INFORMANT	Thichards	ADDRESS
(This does no heart failure,	E OR CONDITION D LEADING TO DEATH al mean the made of asthenia, etc. It mean plication which cause	IRECTLY If (A) (A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	se of Death	vå, belet	Olust/
DISEASES O	R CONDITIONS, if abave cause (A) CONDITION last.	any, giving	ASCUD		il.
TO THE DE	FICANT CONDITIONS EATH BUT NOT REI CONDITION CAUSING OPERATION 1198, CO	LATED TO THE	120A. A 11TOPSY? (Yes. o.	Noll 20B. IF YES WERE	FINDINGS CONSIDERED
TE O	WAS PE	RFORMED		IN CERTIFYING CA	AUSES OF DEATH?
OR CONTRIBU	TING CAUSE OF medical exominer)	home, larm, lactory, streetc.)	e.g., in or obout 21 C. WHERE DIE et, office bidg., INJURY OCCUR	? (II in Boltimo	re City, give exact location)
21 D. TIME OF INJURY (APPROX.)	(Month) (Doy) (Yeor	While At Not	While Work	INJURT OCCUR?	
that (We)	last saw the deceas	al) attended the deceased fram sed alive an April 28 ated abave. (I) (Wa) (did) (did	19 4 4 and		inion death occurred an the
23 C. PHYSICIAL NAME (Ty	Wom Cor	gorg Bruce M.D.	Attending Med. Phys. Med. Director	Staff Phys.	april 28, 19
24A. BURIAL CREA REMOVAL (S Burial	MATION, 248. DATE	24C. NAME of CEMETERY			ity, town, or county) (Sto
		oo wood Tawn	LD D	altimore 7.	Md .

11029 108 Bellemone HELLY 1043 Willow ST 10/22/18: April 28 April 22 aphiel 23, 1963

	rh NO. 66 ()44;	20	Y HEALTH DEPARTMENT	Registered No.	104439
	TH NO. UU UUU:	CERTIFICA	TE OF DEATH	Registered No.	(PTIO)
1,1	AME OF DECEASED	, 1	2. DATE	AND HOUR OF DEATH	20
	ElizaBETA BLANCI	GE LAGUIE	y 4-	29-66	11 A.M.
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A, STATE B. CO	UNITY	tution: residence before admission)
11/	FULL NAME OF (If not in hospitat or institution oddress or location)	on, give street	C. CITY OR TOWN (III	outside city limits, write RU	PATE RAL ond give township)
1.	Don Secure Hospita		D. STREET ADDRESS	h BEHD Roll (If rurol, give location)	75 29 33 m
0	1023 West Foyur		BA1411	norE 1	nd 21229
5.	male white wido	NED, NEVER MARRIED WED, DIVORCED (specify)	B. DATE OF BIRTH	9. AGE (In years lost birthday)	II Under 1 Yr. II Under 24 Hrs. Months Doys Hours Min.
107	. USUAL OCCUPATION (Give kind of work 10B, KINE		11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF
dor	e during most of working life, even if retired)		Baltin	a some for	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	010.111
	JAMES () Att		.3		
15. (Y-	Was Deceased Ever in U. S. Armed Forces? s,no or unknown)(II yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	NA	JECOKIII NO,			
	DISEASE OR CONDITION DIRECTLY	CAUSE	DF DEATH		INTERVAL BETWEEN ONSET AND DEATH
	LEADING TO DEATH	w Co	MORNAL	THROMBOSI	DAYS.
	(This daes not meon the made of dying, heart failure, osthenio, etc. It means the dise	e.g., DUE TO	. 10 - 0		3
	injury at complication which caused deoth.)		TERINGO / F	annoic ann	VEARS
	ANTECEDENT CAUSES	(B) 17 12	JEICIOSC LE	IN DICEASE	YEARS.
	DISEASES OR CONDITIONS, if ony, giverise to the above cause (A) stating	11.19	ONHOCUER	N DISEASE	
	UNDERLYING CONDITION Iost.	and an abundar		000000000000000000000000000000000000000	
7	II	70			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO		IAL FIR	rICL ATION	2VAG
		OR WHICH OPERATION	20A. AUTOPSY? (Yes or	(No) 208. IF YES, WERE FIN	IDINGS CONSIDERED
ERTIFIC	WAS PERFORMED			IN CERTIFYING CAUS	ES OF DEATH?
CALCE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (nofily medicol exominer)	21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID	(If in Boltimore C	City, give exact location)
	21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
AE	OF INJURY (APPROX.)	While At Not Whi			
	22. I certify that (I) (this hospital) attende		ABRIL-26.	-19 66 to APR	14-29-1066
	that (I) (we) last saw the deceased olive		29-1966 and	that in (my) (our) apinle	an death accurred on the date
	and haur and fram the causes stated above				
	23A. SIGNATURE	10			3B. DATE SIGNED
	reigels. you	1 al M.D. Att		Stoff Phys.	Amil-29-196
	23C. PHYSICIAN'S NAME (Type)		23 D. ADDRESS	0	no Doille
		NZALEZ.M.D.	Bon Seca	urs Hosp-	Bulling - Pla
247	BEMOVAL (Specify)	C. NAME of CEMETERY OF CR	EMATORY 24D	LOCATION (City,	town, or county) (State)
1	sural 12/30	arrain (ark (allinare	of md.
23/	MAY 2 1966 A 2	AE OF REGISTRAR	25C. FUNERAL DIREC	In A Maria	ADDRESS
1	MAY 2 1966 P. a. B.S	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Wille	7.1X-4-101C	amondson fel



3:30 a.

RE 1144411 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No. M.E. CASE NO. 1. NAME OF DECEASED

Willie

Bel1

(IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION)

2. DATE AND HOUR PRONOUNCED DEAD

4/28/66 Rell 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore D. STREET ADDRESS (If rural, give location)

St. Agnes Hospital

523 Ashton St.

gunshot wound of abdomen, involving

6. RACE & DATE OF BIRTH 7. MARRIED, NEVER MARRIED 9. AGE (In years If Under 1 Yr, If Under 24 Hrs. lost birthday 30 WIDOWED, DIVORCED (specify) Months, Days, Hours, female white aught

CAUSE OF DEATH

10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS, OR INDUSTRY 11. BIRTHPLACE (State of dane during most of warking life, even if retired)

2. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

FULL NAME OF

HOSPITAL OR

5. SEX

16. SOCIAL

7. INFORMANT

4. MOTHER'S MAIDEN NAME

ADDRESS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no arunknown) (If yes, give war ar dates of service)

SECURITY NO.

DUE TO

DUE TO

(C).

Fibrino-purulent peritonitis following

liver and stomach

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the made of dying, e.g., heart lailute, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECENDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 119R. CONDITION FOR WHICH OPERATION WAS PERFORMED

yes

20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A EXTERNAL CAUSE WAS O UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH.

21 B. PLACE OF INJURY (e.g., in or about 21 C. WHERE DID (If in Boltimore City, give exact location) hame, form, factory, street, affice bldg., INJURY OCCUR? 2523 Ashton St. home

21 D TIME OF INJURY (APPROX.)

CATION

CERTIFI

(Year) (Haur) 66

23B. DATI

21E. INJURY OCCURRED 8:40p WHILE AT

NOT WHILE

21F. HOW DID INJURY OCCUR? shot following argument

I certify that I held on Inquiry resulted fram: Notural couses

Inspection Aecident Suicide

23C. NAME OF CEMETERY OF CREMATORY

Autopsy 3

and that on this basis, death in my opinion Homicide X Undetermined monner

23D. LOCATION

CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER X

DATE SIGNED

(State)

EXAMINER'S Werner U. Spitz, M.D. NAME (Type)

ASSOCIATE MEDICAL EXAMINER

4/28/66

(City, town, or county) -

REMOVAL (Specify) mural 24A, DATE REC'D BY HEALTH DEPT.

ACTUAL

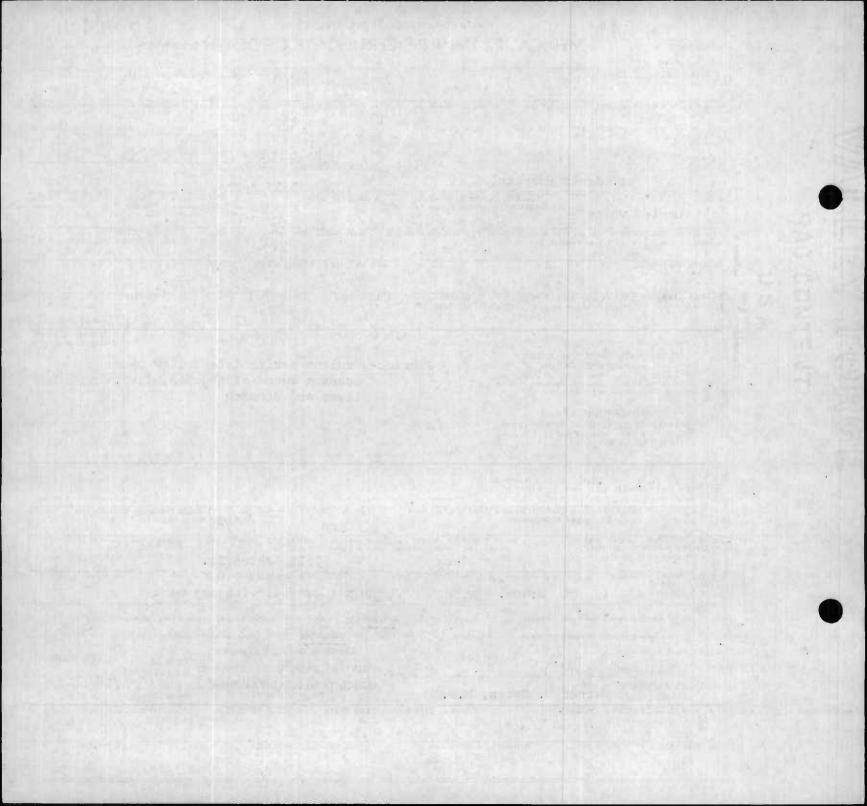
23A. BURIAL CREMATION,

SIGNATURE.

24B, NAME OF REGISTRAR

24C. FUNERAL DIRECTOR

VS 151-REV. 1/1/65



V\$ 150-REV. 1/1/65

	BIRTH NO. 66 1)4441 BALTIMORE CI	ATE OF DEATH Registered No.	6 (14441)
	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH	/. AM
	FLAII, LUKETTA AGNES	4-29-66 [4. USUAL RESIDENCE (Where deceased lived. If inst	4 AM M.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospitol or institution, give street oddress or location) ST. AGNES HOSPITAL	A. STATE MARYLAND C. CITY OR TOWN (If autside city limits, write RU BALT IMORE	8-04
1	BALTIMORE, MARYLAND 2122	D. STREET ADDRESS (If ruiol, give location)	
6	DALI HORE, HARTERIO 2122	4500 OLD FREDERICK RO.	
is mad	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In years lost birth-day) 2-22-93 73:	If Under 1 Yı. II Under 24 His. Months Days Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTI	RY 11. BIRTHPLACE State at fareign couldity)	12. CITIZEN OF WHAT COUNTRY?
10	NONE	MARYLAND	U.S.
OSI	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
isposition	JAMES SMITH	MARY CONNELLY	
ਰ	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT	ADDRESS
final	(Yes, no or unknown) (II yes, give wor or dotes of service) SECURITY NO.	ST. AGNES HOSPITAL RECO	RDS BALTO.29,MD
the remains are embalmed or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heal foilure, asthenio, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	OF DEATH EREBRAL HEMORRHA RTERIOL HYPERIEN PRINT THE TRUE S CLETTON 20A. AUTOPSY? (Yes of No) 20B. IF YES, WERE FIR IN CERTIFYING CAUS	SKO TI SKS
before	OR CONTRIBUTING CAUSE OF hame, farm, factory, street,	in or obout 21C. WHERE DID (II in Soltimore office bldg., INJURY OCCUR?	City, give exact location)
peuin	21D. TIME (Manth) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While A1 Not W Work A1 Wo	rk 🗀	
approval must be obt	22. I certify that (*) (this hospital) attended the deceased fram	view the body after death. ttending Med. Stoff Phys. 23D. ADDRESS	4-29-66
written	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	24D. LOCATION (City,	Cy 2 ADDRESS (Stole)
3	MAY 2 10cc A A & C T. A	VIII TO TO 11 - 4/01	11 Bane levelin

TENTO IN TENTO INTELLED AND DE

Say Aparted Bit Bitton STT of Table To

A LUBBING WALLS

. TU ST. VILLEY TYPE ASSET .T.

South Baltimore General Hosp 60=13insted Rd.

Pl white Married 10-31-25 40

Lester Ellen

Ellen

VE 5

25 25 4 35 25-1

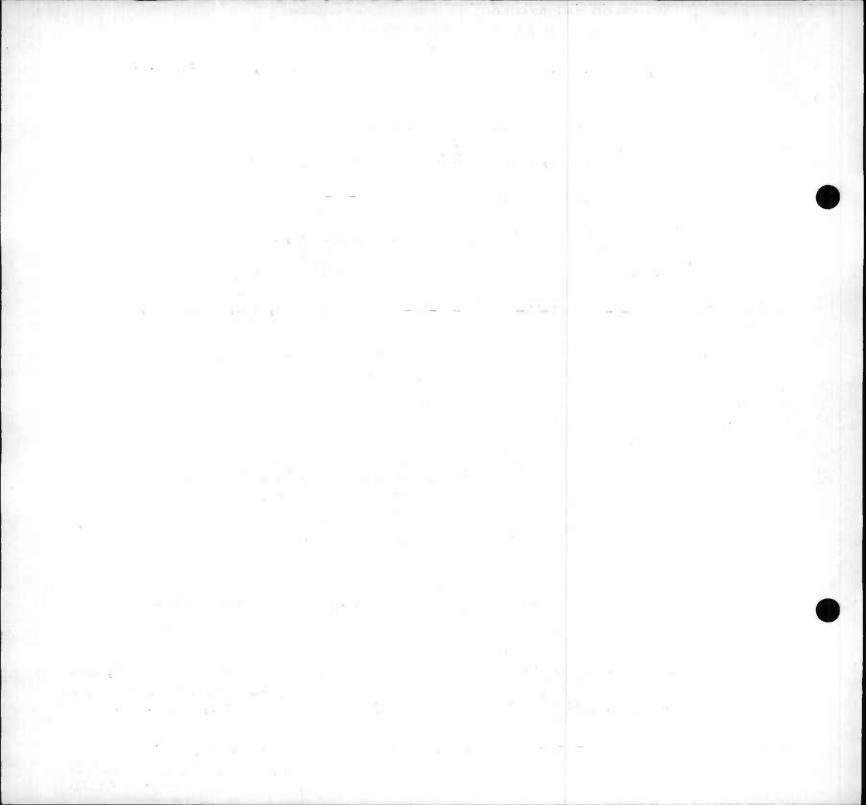
of death,

M.E. CASE NO.		4443 CERTIFICA	Y		CR 04443
1. NAME OF DE				HOUR OF DEATH	
	, FRED J. JR.			1966 5:17	
3. PLACE OF DI	EATH IN BALTIMORE, MAI	RYLAND	4. USUAL RESIDENCE (Where A. STATE B, COUNT	deceased lived. II in	nstitution: residence before odm
FULL NAME	OF (If not in hospital a	or instilution, give street	MARYLAND	BALTIMOR	E E
HOSPITAL OR	Oddress or location	DMINISTRATION HOSPI	TAC. CITY OR TOWN (If outs	de city limits, write	RURAL and give township)
7	3900 I.OCH	RAVEN BLVD.	BALTIMURE		5370
2/		MARYLAND 21218		rol, give location)	
5. SEX			2607 KINGSRID		
MALE	CAUCASION	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	9-15-15	AGE (In years ast birthdoy) 50	If Under 1 Yr. If Under 2 Months Doys Hours A
done during most o	CUPATION (Give kind of work f working lile, even if retired)	10B. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
	MANAGER	MOVIE PICTURE HOUS	E BALTIMORE, MAR	YLAND	USA
13. FATHER'S NA	ME		14. MOTHER'S MAIDEN NAM	E	
FRED J.	LOBER		XXXXXXXXXX Anno	Gallaghe	er.
15. Was Decease	d Ever in U. S. Armed Fore		17. INFORMANT	3	ADDRESS
	(n) (If yes, give wor or dote:	SECONITI NO.	CLIN RECORDS, V.	AU BAITTM	OPE MADVIAND
YES	2-3-41 to 2-		OF DEATH	AII, DALITIN	
	ASE OR CONDITION DIR		OI DENIN		ONSET AND DEAT
Distr	LEADING TO DEATH		NIC OBSTRUCTIVE P	ULMONARY	10 YEARS
DISCAGES	ANTECEDENT CAUSES		NH N NH 000 0 000 000 000 000 000 000 00		
rise to It	OR CONDITIONS, if on the abave cause (A) IG CONDITION last.			M H M M M M M Q M Q Q Q Q Q Q Q Q Q M M M Q M	
rise to It	ne abave cause (A) G CONDITION last.	Stating the (C)	ROTIC CARDIO VASC	ULAR DISEAS	
rise to It	ne abave cause (A) G CONDITION last.	ONTRIBUTING ARTERIOSCIE	ROTIC CARDIO VASC	ULAR DISEAS	FINDINGS CONSIDERED
OTHER SIGN TO THE DISEASE OR DISEASE OR OR CONTRIBE OR	ne abave cause (A) G CONDITION last. II IIFICANT CONDITIONS CO DEATH BUT NOT RELA C CONDITION CAUSING IT F OPERATION [198, CON]	ONTRIBUTING ARTERIOSCLE TO THE ARTERIOSCLE ONTON FOR WHICH OPERATION ORMED	ROTIC CARDIO VASC	ULAR DISEAS	FINDINGS CONSIDERED
OTHER SIGN TO THE CONTRIBUTION OF THE CONTRIBUTION OF CONTRIBU	IN THE PROPERTY OF THE PROPERT	ONTRIBUTING ARTERIOSCIE	ROTIC CARDIO VASC 20 A. AUTOPSY? (Yes or No) NO In or obout 21 C. WHERE DID	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE CONSTRUCTION OF THE CONSTRUC	INTERPOLATION AND THE PROPERTY OF THE PROPERTY	ONTRIBUTING ARTERIOSCIE OTHE ARTERIOSCIE OTHOR WHICH OPERATION ORMED 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Wh	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID olfice bidg., INJURY OCCUR?	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED USES OF DEATH?
OTHER SIGN TO THE COLOR OF INJURY (APPROX.)	INTERPOLATION AND CONTROL OF A CONDITION CAUSING IT FORESTON AND PERFORM TO THE CONDITION CAUSING IT FORESTON AND PERFORM THE CONDITION CAUSING IT FORESTON AND PERFORM THE CONDITION AND PERFORM THE CONDITION AND PERFORM THE CONTROL OF THE CONTROL	ONTRIBUTING ARTERIOSCIE ONTRIBUTING ARTERIOSCIE OTHE ARTERIOSCIE OTHOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E INJURY OCCURRED While At Not Whyork At Work	ROTIC CARDIO VASC 20 A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID office bldg., INJURY OCCUR? 21 F. HOW DID INJU	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore	FINDINGS CONSIDERED USES OF DEATH? E City, give exact locotion)
OTHER SIGN TO THE CONSERSE OR 19A. DATE OF INJURY (APPROX.)	Ine abave cause (A) G CONDITION last. IIIIIIII NOT RELA CONDITIONS CO DEATH BUT NOT RELA CONDITION CAUSING IT F OPERATION 19B. CONUMAS PERF ENT WAS UNDERLYING UTING CAUSE OF y medical examines) (Month) (Doy) (Year)	ONTRIBUTING ARTERIOSCLE OTHE ARTERIOSCLE OTHON FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO NO In or obout 21 C. WHERE DID olfice bldg., INJURY OCCUR? 21 F. HOW DID INJU	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion)
OTHER SIGN TO THE (DISEASE OR DISEASE OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. I certify that (20) (we	In a condition last. II IIIIII IIII III III III III III I	DITRIBUTING ARTERIOSCIE DITON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not White At Work attended the deceased from At diversity and MAY 1	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? e City, give exact locotion)
OTHER SIGN TO THE CONSTRUCTION OF INJURY (APPROX.)	Alfricant Conditions Conditions Condition Relation Condition Causing II F OPERATION 19B. CONDITION CONDITION CAUSING II F OPERATION 19B. CONDITION CAUSING II WAS PERFIENT WAS UNDERLYING II UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (A) (this haspital)) last saw the deceased of fram the causes stated	ONTRIBUTING ARTERIOSCLE OTHE ARTERIOSCLE OTHON FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR?	FINDINGS CONSIDERED USES OF DEATH? • City, give exact locotion) 19
OTHER SIGN TO THE (DISEASE OR DISEASE OR CONTRIB DEATH (notif OF INJURY (APPROX.) 22. I certify that (20) (we	Alfricant Conditions Conditions Condition Relation Condition Causing II F OPERATION 19B. CONDITION CONDITION CAUSING II F OPERATION 19B. CONDITION CAUSING II WAS PERFIENT WAS UNDERLYING II UTING CAUSE OF y medical examiner) (Month) (Doy) (Year) y that (A) (this haspital)) last saw the deceased of fram the causes stated	DITRIBUTING ARTERIOSCLE THE ARTERIOSCLE DITION FOR WHICH OPERATION ORMED 21 B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21 E. INJURY OCCURRED While At Not Why Work At Work attended the deceased fram At alive an MAY 1 and abave. (**) (We) (did) (did ***)	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO in or obout 21.C. WHERE DID office bidg., INJURY OCCUR? 21F. HOW DID INJU itle R PRIL 19 19 66 and that view the bady after death.	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 66 to MAY in (my) (our) api	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion) 19 nian death occurred an the
VOLUMENTAL STATE OF THE CONTRIBUTION OF THE CO	The abave cause (A)	ONTRIBUTING ARTERIOSCIE THE ARTERIOSCIE ONTON FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not Whome attended the deceased fram Add alive an MAY 1 ed above. (F) (We) (did) (did act)	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 66 to MAT in My) (our) api	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion) 1 19 6 price of the control of
VO THER SIGN TO THE CONTRIBUTION OF INJURY (APPROX.) 21A. SIGNATION OF INJURY (APPROX.) 22. I certify that (X) (we and have an 23A. SIGNATION OF INJURY (APPROX.)	INTERPOLATION (AND INTERPOLATION) INTERPOLATION (A	ONTRIBUTING ARTERIOSCIE THE ARTERIOSCIE ONTON FOR WHICH OPERATION ORMED 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.,) (Hour) 21E. INJURY OCCURRED While At Not Whome attended the deceased fram Add alive an MAY 1 ed above. (F) (We) (did) (did act)	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 66 to MAY in My) (our) api	PINDINGS CONSIDERED USES OF DEATH? City, give exect locotion) 1 19 6 nian death occurred an the MAY 1, 1966 ATION HOSPITAL
VO THER SIGN TO THE CONTRIBUTION OF INJURY (APPROX.) 21A. SURIAL CREEN OF INJURY (APPROX.) 22. I certify that (X) (we and have an 23A. SIGNATI	IN THE STATE OF TH	DITRIBUTING ARTERIOSCIE DITON FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At At Work attended the deceased fram Add alive an MAY 1 and above. (#) (We) (did) (did acc)	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO in or obout 21 C. WHERE DID office bidg., INJURY OCCUR? 21 F. HOW DID INJU iile PRIL 19 19 66 and that view the bady after death. Prinching Med. Director Prinching Med. 19 S. 23D. ADDRESS VETERANS 3900 LOCH RAVEN	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 66 to MAY in (My) (our) api toff. ADMINISTRA BLVD., BALT	PINDINGS CONSIDERED USES OF DEATH? City, give exect locotion) 1 19 6 nian death occurred an the MAY 1, 1966 ATION HOSPITAL
VOLUMENT SIGN TO THE CONTRIBUTION OF INJURY (APPROX.) 21 A. SIGNATION OF INJURY (APPROX.) 22. I certify that (2) (we and have an 23A. SIGNATION OF INJURY (APPROX.)	INTERPOLATION (Year) WHENCH TO STATE THE CONDITION SCIENT CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CONDITIONS CAUSING IT OF OPERATION (PARTITION (PARTITION) (P	DITRIBUTING ARTERIOSCIE DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., home, form, foctory, street, etc.) (Hour) 21E. INJURY OCCURRED While At Not Whork attended the deceased fram Add alive an MAY 1 ed abave. (A) (We) (did) (did not) M.D. A) Ph. A.D. A.D. A.D. A.D. A.D. A.D. A.D. A.	ROTIC CARDIO VASC 20.A. AUTOPSY? (Yes or No) NO in or obout 21.C. WHERE DID olfice bldg., INJURY OCCUR? 21F. HOW DID INJU PRIL 19 19 66 and that view the bady after death. tending Med. ys. Med. 23D. ADDRESS VETERANS 3900 LOCH RAVEN	ULAR DISEAS 208. IF YES, WERE IN CERTIFYING CA (If in Boltimore RY OCCUR? 66 to MAY in May) (our) api toff. ADMINISTRA BLVD., BALT CATION (Ci	FINDINGS CONSIDERED USES OF DEATH? City, give exact locotion) 1 19 6 nian death occurred an the 23B. DATE SIGNED MAY 1, 1966 ATION HOSPITAL FO. MD.

REMOVAL (Specily) RIAL 5-5
REC'D BY HEALTH DEPT. -66 BALTIMORE

25B. NAME OF REGISTRAR

A GRAND Cemetery BALTIMORE 25A. DATE HARFORD RD
MARYLAND 5305 BALTO LEONARD J. RUCK INC 196 VS 150-REV. 1/1/65



was D.O.A. at a hospital (except where the physician who pronounced death

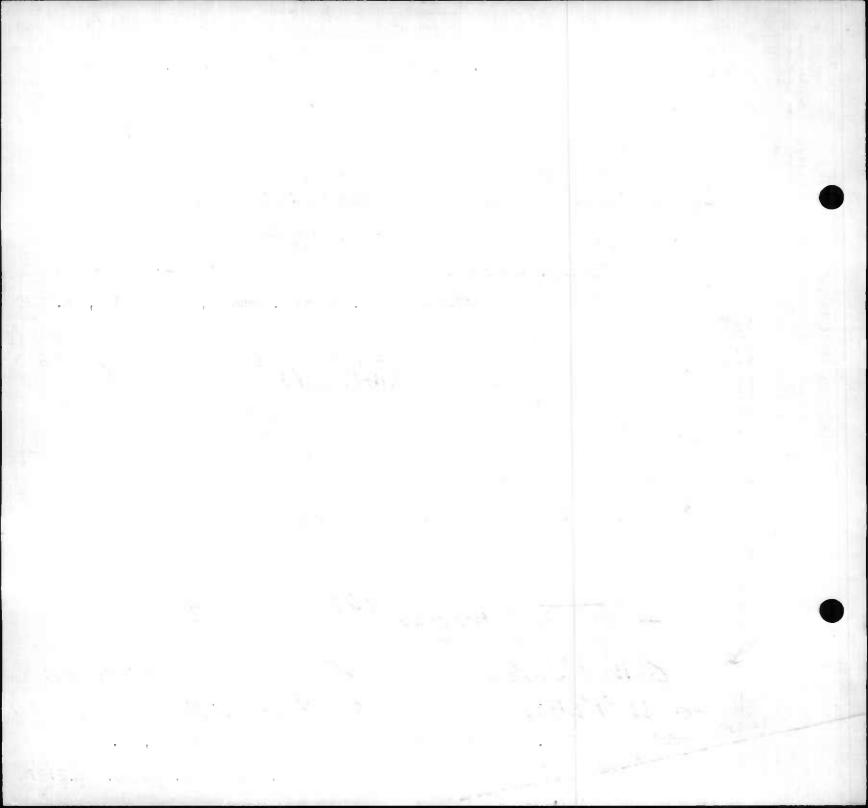
was in regular attendance on the

	BIRTH NO. 66 04	1444	TE OF DEATH Registered No.	14444
	M.E. CASE NO. 1. NAME OF DECEASED (Type or Print)		2. DATE AND HOUR OF DEATH	
- 11	3. PLACE OF DEATH IN BALTIMORE, MARYL	beth G. Brennan	April 30, 1966 4. USUAL RESIDENCE (Where deceased lived, If i	· 144 N
	FULL NAME OF (If not in hospital or in HOSPITAL OR oddress or location)		A. STATE Md. B. COUNTY	27-12
	INSTITUTION		C. CITY OR TOWN (If outside city limits, write	
	5502 Kempe	er Road	D. STREET ADDRESS (If rurol, give location) 5502 Kemper	
mad	5. SEX 6. RACE 7. Female White	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years lost birthdoy) 73	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	10A. USUAL OCCUPATION (Give kind of work 10 dane during most of working life, even if retired) Housewife	B, KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
disposition	13. FATHER'S NAME	Williamson	mson 14. MOTHERS MAIDEN NAME Sarah F. K	
	15. Was Decased Ever in U. S. Armed Forcas (Yes, no or unknown) (If yes, give wor or dates a	? 16. SOCIAL	Mr. George K. Brennan, 551	ADDRESS 10 Boxhille La.2121
1 10	18. 4 1, 01	CAUSE O	F DEATH	INTERVAL BETWEEN ONSET AND DEATH
500	DISEASE OR CONDITION DIRECT	TLY (A) CL	inhosis of fiver	2 years
mpali	(This does not mean the mode of dy heart failure, asthenia, etc. It means th injury or camplication which caused de	ying, e.g., DUE TO	tobrail)	
0	ANTECEDENT CAUSES	DUE TO	***************************************	
ns are	DISEASES OR CONDITIONS, if any rise to the above cause (A) st UNDERLYING CONDITION last.			
remain	OTHER SIGNIFICANT CONDITIONS CONTO THE DEATH BUT NOT RELATE DISEASE OR CONDITION CAUSING IT.			
оге тпе	194. DATE OF OPERATION 198. CONDITION WAS PERFORE THE	moral humia	no-	AUSES OF DEATH?
Det	OR CONTRIBUTING CAUSE OF DEATH (notily medical examine)	218 PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID (If in Boltimo ffice bldg., INJURY OCCUR?	re City, give exect locotion)
ained	OF INJURY (APPROX.)	Hour) 21 E. INJURY OCCURRED While At Not Whit Work At Work		
written approval must be obt	22. I certify that (I) (this hospital) of that (I) (we) tast saw the deceased and hour and from the causes stated	alive on 7-77-46	9 6 0 19 ta 4 -	inian death accurred an the dat
i musi	23A. SIGNATURE G. W. Pea	/	ending it. Med. Staff	238, DATE SIGNED H-30-46
prov	23C. PHYSICIAN'S NAME (Type) IN. PEHK	M.D.	4508 Hay ford Br	ad Balle 14 W
en ap	24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily) 5/3/66.	New Cathedral Ce		city, town, or county (State) ore, Md.
Writh	MAY 2 1966 P. 25	B. MAME OF MIGISTRAR	Leonard J. Ruck Inc.	ADDRESS

MAY 2 1966

Leonard J. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65



۵ M ds

Ū

and

a hospital

Such

death.

0

prior

ПО

attendance

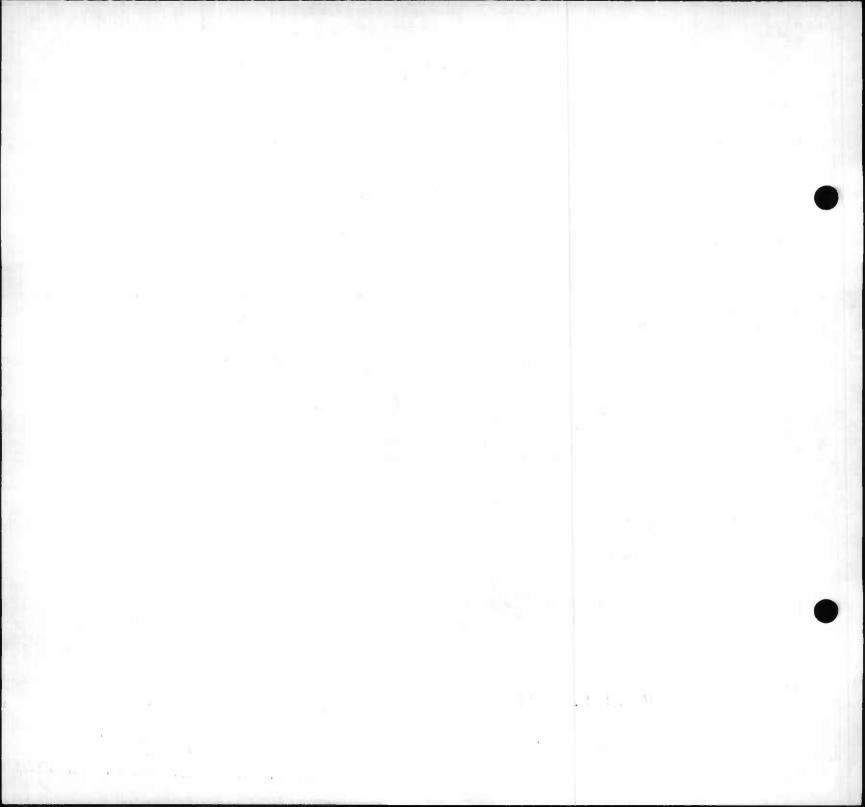
25C. FUNERAL DIRECTOR

g. Ruck Inc. Balto. Md. 21214

VS 150-REV. 1/1/65

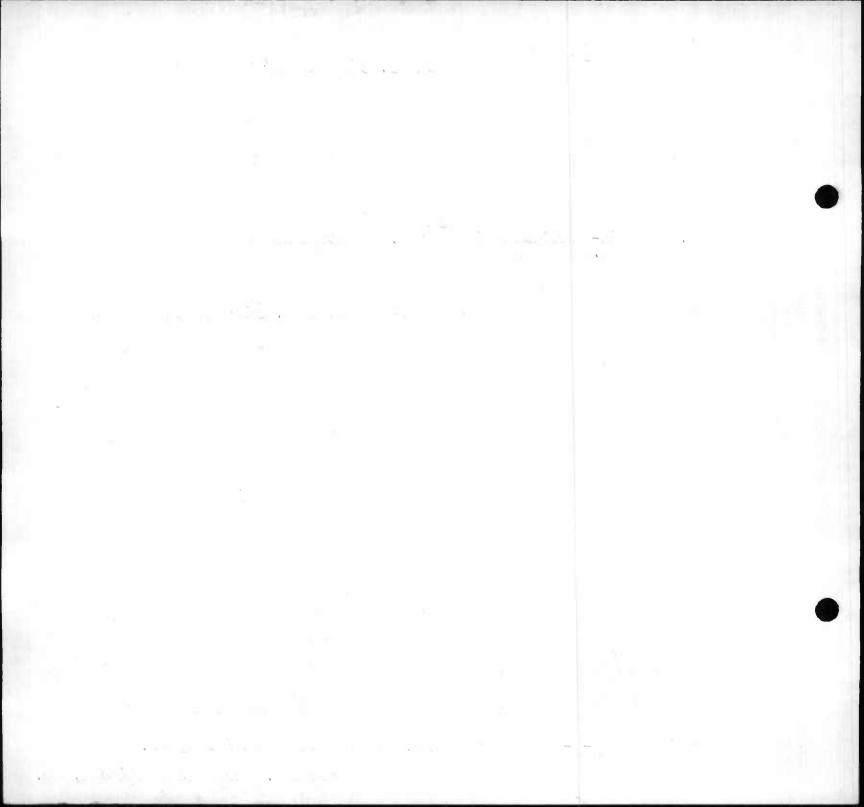
25A. DATE REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR



was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

	BIRTH NO. 66 04446		TE OF DEATH	Registered No	4446	
	M.E. CASE NO. 1, NAME OF DECEASED TOTAL (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND	vAld (John F.	Litzgeral de 14. USUAL RESIDENCE (Whose	128/06	stitution: residence before admission)	
	FULL NAME OF (If not in hospital or instituti	on, give street	MARYLAND C. CITY OR TOWN (If outs	HARFORD		
7	3 Johns Hopkins Hoe	PH	D. STREET ADDRESS (IF 7 908 MAGNOLA	ural, give location) A ROAD	62-00	
	MALE WHITE MA	IED, NEVER MARRIED WED, DIVORCED (specify) RRIED	7-17-96	ost binhday)	If Under 1 Yr. If Under 24 Hrs. Months: Days Hours Min.	
	10A. USUAL OCCUPATION (Give kind of work) 10B. KINE done during most of working life, even if retired) Ket. (aptain-Baltimore) 13. FATHER'S NAME	City Dept.	Maryland 14. MOTHERS MAIDEN NAM		12. CITIZEN OF WHAT COUNTRY?	
74215	JOHN FITZGERALI	1 6. SOCIAL	JOHANNA MA	LONE	ADDRESS	
	(Yes, no or unknown) (If yes, give wor or dates of servi	security No. 217481421 CAUSE OF	Bertha S. 7	itzgerald	Name INTERVAL BETWEEN	
>	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying,	(AL C	Andiac Arves	+	ONSET AND DEATH	
	heart failure, asthemia, etc. It means the dise injury or complication which caused death.) ANTECEDENT CAUSES	peaded in	frenction	2 days		
3	DISEASES OR CONDITIONS, if any, giverise to the above cause (A) stating UNDERLYING CONDITION last.		BCUD		Lyeeus	
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				V	
		OR WHICH OPERATION	20 A. AUTORSY? (Yes or No)	208. IF YES, WERE I		
	OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	21B. PLACE OF INJURY (e.g., ir hame, form, factory, street, of etc.)	fice bldg.,	(If in Baltimore	City, give exact location)	
3	21D. TIME (Month) (Doy) (Yearl (Hour) OF INJURY (APPROX.)	While At Not While At Work	21F. HOW DID INJU	JRY OCCUR?	1/	
	22. I certify that (f) (this haspital) attended the deceased fram 420 100 to 1906 that (f) (we) last sow the deceased alive on 1906 and that in (and (our) apinion death accurred on the date and hour and fram the causes stated above. (f) (We) (did) (did not) view the body after death.					
	23A. SIGNATURE W. H. Server A	M.D. Atte	nding Med. Director	Stoff Phys.	23B. DATE SIGNED 4/24/Cdo	
old do	23G. PHYSICIANS NAME (Typ) The Source of Dence	M.D.	TO hus Hop MATORY 24D. 10	KINS HOS	ty town, or county) (State)	
	burial 5-3-66	New Cathedral	Cemetery Ba 25C. FUNERAL DIRECTOR	ltimore, /	ADDRESS M	
	VS 150-REV. 1/1/65	,	Leonard y.	LUCR YNC L	Baltimore, Md.	



•	FUNERAL DIRECTOR: IMPORTANT	IMPORTANT
st be approved b	y the chief medical examiner.	st be approved by the chief medical examiner or his assistant if death occurred in a hospital and assed to the hospital by a medical examiner. Also, if the direct or contributing cause of death
lent of any natur	e; (2) Body burns; (3) A fractul	lent of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased
spital (except w	there the physician who pro-	nounced death was in regular attendance on the
death); and (6)	No physician was in regular	death); and (6) No physician was in regular attendance on the deceased prior to death. Such
nuct be obtained	hefore the remains are emba	out the obtained before the remains are embalmed or final disposition is made.

1		Y HEALTH DEPARTMENT
200	BIRTH NO. GET 194447 CERTIFICA	ATE OF DEATH Registered No. 14447
ase th th Suc	M.E. CASE NO. 1. NAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Type or Print) ENEY. VERNON. EDWARD	5-1-66 4:45 Am.
2 - 9 o E	3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
O D o		A. STATE B. COUNTY
d a (5)	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location)	C. CIT OR TOWN (If outside city limits, write RURAL and give township)
se; (ST. AGNES HOSPITAL	
	TO ST. AGNES HUSPITAL	D. STREET ADDRESS (If rurol, give location)
d cau		4911 MORELLO RD.
200 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs.
7	MALE WIDOWED, DIVORCED (specily)	lost birthday) Months; Doys Hours; Min.
ermi regu	MALE WHITE WIDOWED	1-14-01 65
on on	done during most of working life, even if retired)	WHAT COUNTRY?
Pour Pit	Printer Newspapers	MARYLAND U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
- N	EDWARD Eney	VIOLA DIXON
he di kind; death ce on nal di	15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown)(II) yes, give war or dates at service) SECURITY NO.	ST. AGNES HOSPITAL
kin dea	247 40 97004	SI. AGNES HUSPITAL
		CATON & WILKENS AVE. 21229 DE DEATH INTERVAL BETWEEN
lso, if the of any kin unced decreased ed	DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
0 - C O N	LEADING TO DEATH	12 scand down to some
F	(This does not mean the mode of dying, e.g., DUE TO	
er. ctu pro dr	hearl foilure, asthenio, etc. 11 means the disease, injury or complication which caused death.)	2011
fra	ANTECEDENT CAUSES (8) TO DUE TO	SCV) 10-12 ym
A fr Who reg	DISEASES OR CONDITIONS, if ony, giving	7
XOZO	rise to the obove couse (A) stoting the (C)	
ial e ician as ii	UNDERLYING CONDITION Iasi,	
3 - 2 2 3 2	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	. 16
hy hy ren	≥ TO THE DEATH BUT NOT RELATED TO THE	e CHF ileus
		[20 A. AUTOPSY? (Yes or No)] 208. IF YES, WERE FINDINGS CONSIDERED .
Bod the the hysic re th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
(2) l phy for		in or obout 21C. WHERE DID (II in Baltimore City, give exact location)
	▼ DEATH (notify medical examiner) etc.)	office bldg., INJURY OCCUR?
	D 210. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
hosp natu ept v d (6)	♥ OF INJURY (APPROX.) While At Not Wh	
E 9 0 0	Work At Work	
any (ex (ex) an	22. I certify that (I) (this hospital) attended the deceased from	
0 0 0	that (1) (we) lost saw the deceased alive an	19.66 and that In(my) (our) apinion death accurred on the date
0 0 -	and have and from the cayses stated obave. (1) (We) (did) (did nat)	view the body after death.
released a cident a hospit r to deat	23A. SIGNATURE	23B, DATE SIGNED
- 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5		tending Med. Stoff Phys S
	23C. PHYSICIAN'S	23D. ADDRESS
was A. at prio	DR. PHILIP J. WHELAN	ST. AGNES HOSPITAL
- D -	24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF C	
7000	Burial 5/4/66. Parkwood Cemete	
the body shows: (1) was D.O. deceased written a		
the Itselfshow	25A. DATE ARC'DBY HEALTH DETT. 25B. NAME OF REGISTRAN	Leonard J. Ruck Inc. Balto. Md. 21214
* # W 3 D 3		position of which the parto, into Ereta

VS 150-REV. 1/1/65

Andrew Committee of the "...i.J J.785. ile .7 . + 113317 3713 SI IT-GUET DESCRIPT ESTLAY SALVA

2.70 E T T E 1 .79

THE PART OF THE PA

Transfer to the second

WGE '. S MINI ...

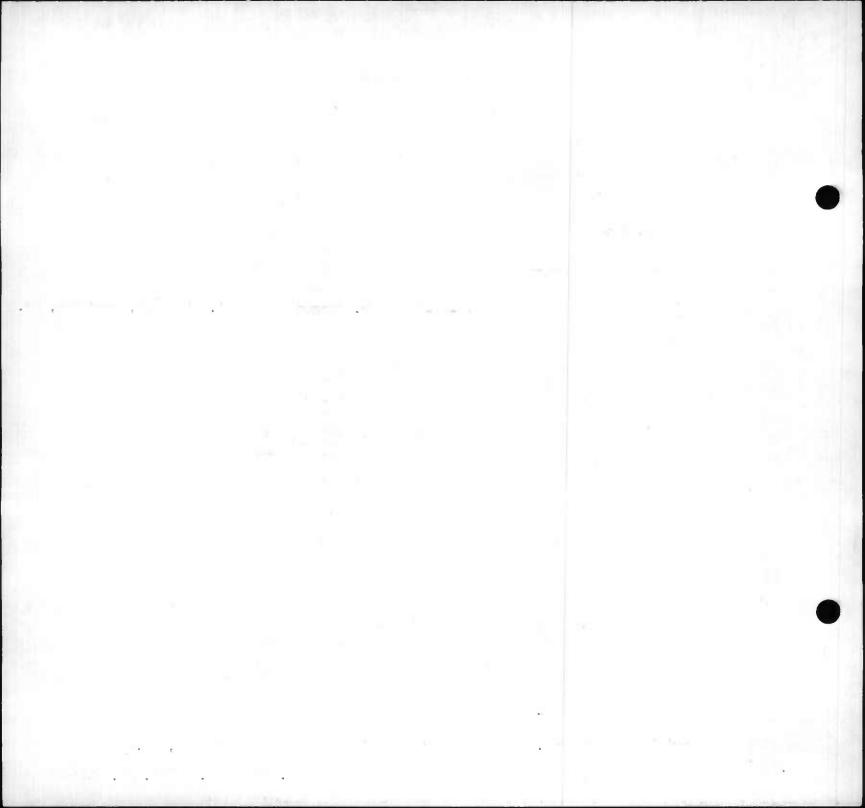
18 4448

OLKIL	NO.		WEDI	CALEX	AMINER	2 CI	EKIIFI	CAIL	of L	EAIH Register	red No		
	CASE NO.										636		
Type	AME OF DEC	EAF	RL	K.	CI	LARK				30, 1966	D DEAD	10:12	A
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET				4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before odmission) A. STATE B. COUNTY Balto.									
HOSPITAL OR ADDRESS OR LOCATION)				Baltimo		#20	RURAL or	nd give townshi	(p)				
	Ba1	timore (City H	lospita:	Ls					give locotion) er Road			
5. SE	ale	6. RACE White		WIDOWED,	NEVER MARRIED DIVORCED (specify		8. DATE O			9. AGE (In years lost birthdoy)		1 Yr. If Under Doys Hours	
done M	during most of v	Operator	ind of work if retired)		BUSINESS OR IN				or foreign		12. CITIZE WHA	T COUNTRY?	
13. FA	THER'S NAM		in D.	Clark		MI	14. MOTHE	R'S MAIDEN	NAME	Clara J. D.	rew		
		D EVER IN U.S			16. SOCIAL SECURITY NO.		17. INFORM	ANT			ADDRESS		
	No	ur yes, give w	or or dotes	of service	218-09-83	85	Mrs.		ene :	L. Clark	((Same)	
ERTIFICATION	LEADING TO DEATH (This does not meen the mode of dying, e.g., heart foilure, ostherno, etc. It means the disease, injury or complication which coused death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)								ONSIDERED				
O	2	DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED				Yes Yes (1/4 & 4/4							
AEDIC	21A. EXTERNAL CAUSE WAS UNDERLYING™OR CONTRIB- UTING □ CAUSE OF DEATH. 21B. PLACE OF INJURY (e.g., in home, form, foctory, street, office etc.) Road							Stabilizer Dr. & Yawmeter Dr.					-0
ő	21D TIME (Month) (Doy) (Yeor) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? (APPROX.) 4 30 '66 A m., WHILE AT AT WORK Driver of auto into fixed							ixed	object.				
2	22. I certify that I held on Inquiry Inspection Autopsy X and that on this basis, death in my apinion resulted from: Notural causes Accident X Suicide Homicide Undetermined monner												
	CHIEF MEDICAL EXAMINER								NED				
	SIGNATURE EXAMINER'S NAME (Type) Charles S. Petty, M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/1/66												
	BURIAL CRE	MATION, 23B.	5/4/6	23	Parkwood	ETERY o		RY	23D. LC	Baltimore	town, or o		Slote)
24A.	MAY 2	BY HEALTH DI	EPT.		OF AEGISTRAR		24C. F	nard J		ck Inc. Bal	A	DDRESS	

Sarrad Comment Toy. 28, 1904. Machine Counton Black Section Marghand John D. Clarke word . b are ill THE COURSE HERE AND THE TRANSPORTER Leonard & suck tions alto Md. 21214

- 1	in a hospital and g cause of death ause; (5) Deceased	or to death. Such
STANT	sistant if death occurred the direct or contributin kind; (4) Undetermined c	death was in regular on the deceased prinal disposition is made.
FUNERAL DIRECTOR: IMPORTANT	ical examiner or his as all examiner. Also, if is, (3) A fracture of any	cian who pronounced as in regular attendar
FUNERAL	proved by the chief mediche hospital by a medicity nature; (2) Body burn	xcept where the physiand (6) No physician w btained before the rem
	This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.

	BALTIMORE CITY	HEALTH DEPARTMENT					
BIRTH NO. M.E. CASE NO.	4.9 CERTIFICA	TE OF DEATH	Registered No.	114449			
1. NAME OF DECEASED	sus		30, 1966	6:40 P. M.			
3. PLACE OF DEATH IN BALTIMORE, MARYLA FULL NAME OF (If not in hospitol or in:		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY MARYLAND C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMOPE					
HOSPITAL OR oddress or locotion) INSTITUTION							
HON SECOURS HOSPITA	<i>L</i>	D. STREET ADDRESS (IF	rurol, give location) 30URNE RD. ((2/2/2)			
	MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) W100WED	B. DATE OF BIRTH		Under 1 Yr. If Under 24 Hrs. Hours Min.			
10A. USUAL OCCUPATION (Give kind of work 10B. done during most of working life, even if retired) Housewife	KIND OF BUSINESS OR INDUSTRY	BEIRUT, LEB	gn country) 12.	CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME JOSEPH CONRY (Khoury)	,	14. MOTHERS MAIDEN NAM					
15, Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of	service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT Fr. Sargus		ADDRESS s, Bradshaw, Md.			
APRIL 14/66 WAS PERFORM BILATERA 21A. ACCIDENT WAS UNDERLYING 21A. CONTRIBUTING CAUSE OF	giving line (C) (RIBUTING TO THE GATE CATAPACT 218. PLACE OF INJURY(e.g., in home, form, foctory, street, of home, form, foctory, street, of	ASTROENTERIT LS 20A. AUTOPSY? (Yes or No. NO. nor obout 21 C. WHERE DID	208. IF YES, WERE FINDING CAUSES	DAYS			
DEATH (notify medical examiner) 21D. TIME (Month) (Day) (Year) (High PROX.)	out) 21E INJURY OCCURRED While At Not While At Work		URY OCCUR?				
22. I certify that (1) (this haspital) attended the deceased fram April 19 66 to April 30 19 66, that (1) (we) last sow the deceased alive on April 30 19 66 and that in (my) (aux) apinion death occurred on the date and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE							
23C. Physician's NAME (Type) JOSE V. DE LEON,		ending Med. Siector 23D. ADDRESS Bon Secours	Stoff Phys.	April 30,1966			
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specily)	24C. NAME of CEMETERY OF CRE		100 to 10	wn, or county) [Stote]			
	New Cathedral Cer	25C. FUNERAL DIRECTOR	Baltimore, Md	ADDRESS			



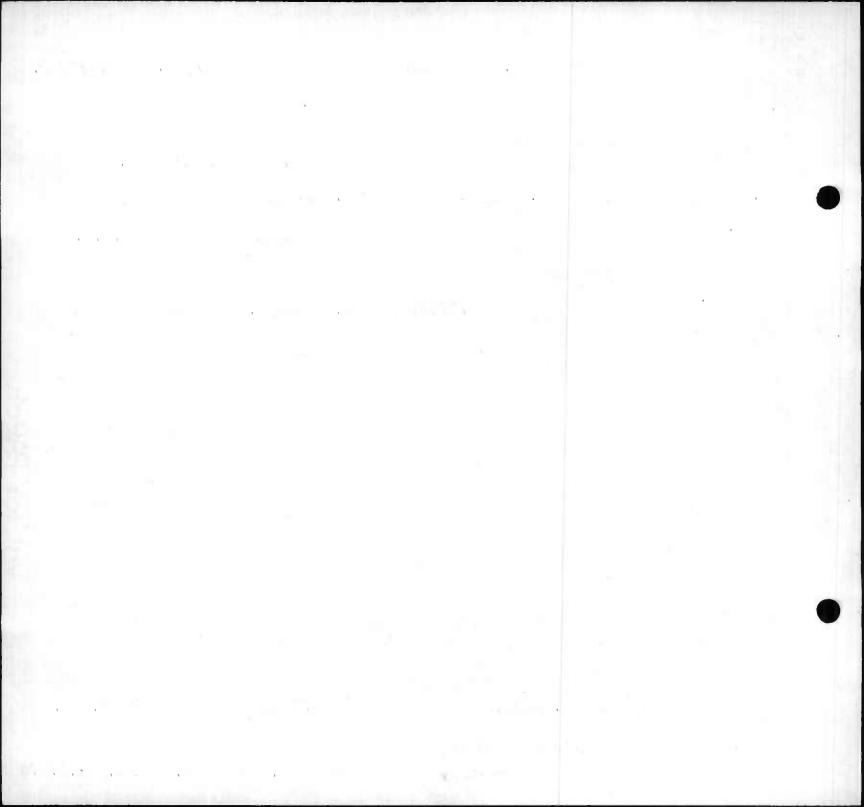
a hospital and

1	CC OAASO	RE CITY HEALTH DEPARTMENT FICATE OF DEATH Registered No. 6 04450							
Such	M.E. CASE NO.	DATE AND HOUR OF DEATH							
	Nobell 11. Spangle	r April 30, 1966. 10:20 P. N							
prior to death.	FULL NAME OF HOSPITAL OR INSTITUTION FULL NAME OF HOSPITAL OR Oddross or locotion) Union Memorial Hospita	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission. A. STATE Md. C. CITY OR TOWN (If outside city limits, write RURAL and give township) Battimore D. STREET ADDRESS (If rurol, give location) 1223 Sheridan Ave.							
0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WILLOWED (Sp. Married Willowed, DIVORCED (Sp. Married Willowed)	D B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24 Hrs.							
deceased ition is ma	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR IN done during most of working life, even if refired) Salesman								
on the de	· Ambrose Spangler	?							
0 -	15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL (Yes, no ar unknown) (If yes, give was ar datas at service) 2121086	o. 17. INFORMANT 6. Mrs. Agnes R. Spangler Same							
enda d or	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	AUSE OF DEATH Carriage of Jug Reserve of Jug							
bal	(This does not mean the mode of dying, e.g., DUE heart foilure, osthenia, etc. It means the disease, injury or complication which caused death.)								
are e	DISEASES OR CONDITIONS, if ony, giving	TO							
was	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
No physician before the re	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	ON 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?							
	OR CONTRIBUTING CAUSE OF home, lorn, loctory,	RY (e.g., in or about 21 C. WHERE DID street, office bldg., INJURY OCCUR?							
obtained		RED 21 F. HOW DID INJURY OCCUR? Not While At Work							
th); and be obto	22. I certify that (I) (this hospital) attended the deceased from 1965 to that (I) (we) ast saw the deceased alive an 19 and that in (my) (aur) apinion death a								
to death)	and hour and from the causes stated above. (1) (We) (did) (d	XD. Attending Med. Stolf Phys. 238. DATE SIGNED							
prior	23C. PHYSICIAM'S NAME (Type George H. Beck,	M.D. 23D. ADDRESS 6012 Harford Road, Balto., Md.							
eceased prior ritten approv		Cemetery Baltimore, Maryland							
dec	25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	Leonard J. Ruck Inc. Balto. Md. 21214							

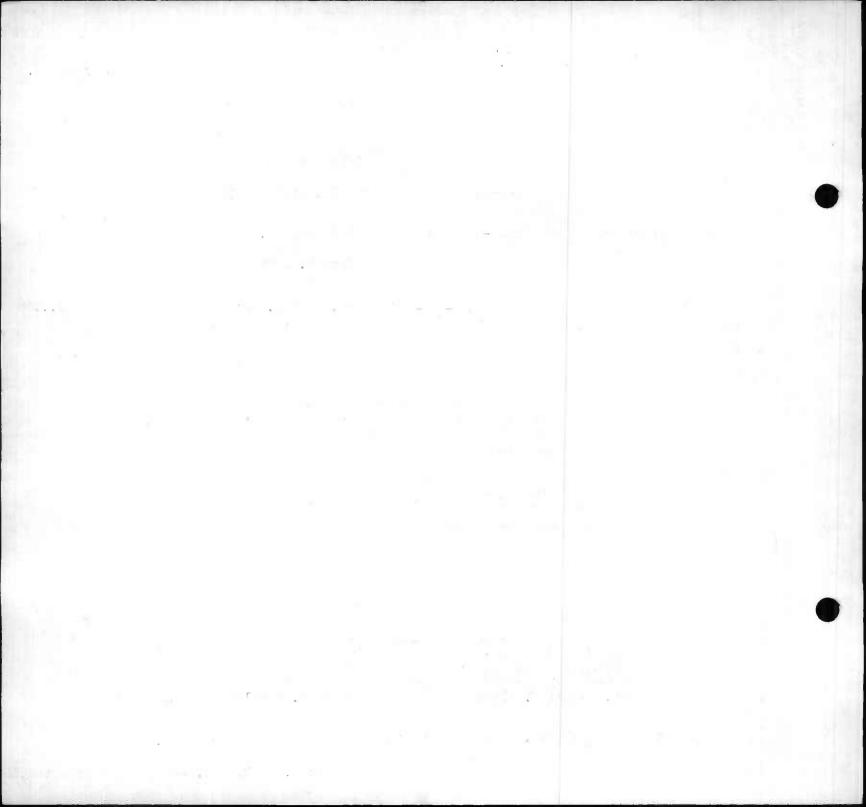
25B. NAME OF REGISTRAR 1966

VS 150-REV. 1/1/65

emetery Baltimore, Maryland Leonard J. Ruck Inc. Balto. Md. 21214



		C.C A	45	BALTIMORE CITY	HEALTH DEPARTMENT					
BIR	TH NO.	-66 04	401	CERTIFICA	TE OF DEATH	Registered No.	5 (445)			
1.1	E CASE NO. NAME OF DECEA	Dr. Jo	J.		2. DATE	AND HOUR OF DEATH				
'				nall		il 30, 1966	12:30 A.M.			
		H IN BALTIMORE, MAI			A. STATE B. COUNTY					
11	FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital a address or tocation		, give sheet	Maryland none C. CITY OR TOWN (If outside city limits, write RURAL and give township)					
101) 1	619 Ralworth	Road		Baltimore #18 D. STREET ADDRESS (If juick, give location)					
					1619 Ralworth Road					
	wall wild			D, NEVER MARRIED ED, DIVORCED (specify) 100	May 31, 1893	9. AGE (In years tost birthdoy)	ff Under 1 Yi. If Under 24 Hrs. Months Doys Hours Min.			
dor		orking life, even if retired)		employed	Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? USA			
13.	FATHERS NAMI	rles Hall			14. MOTHER'S MAIDEN NAME Jane R. Gardner					
		Ever in U. S. Armed Ford If yes, give wor or date:		1 6. SOCIAL SECURITY NO.	17- INFORMANT ADDRESS					
	No			212-40-7224	Mrs. John S. Hall, 1619 Ralworth Road					
		OR CONDITION DIR	ECTLY	CAUSE O	F DEATH	u Resin	INTERVAL BETWEEN			
	(This does no	I mean the mode of sthenio, etc. It means			uary en	m ocses	Mobile			
	injury or comp	licotion which coused		(B) Lee	1. Orlones	o Aderas	is ?			
	rise to the	CONDITIONS, if obove couse (A) CONDITION lost.		14/11	ching Pa	Etic Eller	or 3 mos			
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
ERTIFICA	19A. DATE OF C		DITION FOR	WHICH OPERATION	20A. AUTOPSY? (Yes or	No. 20B. IF YES, WERE IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?			
CAL CE	OR CONTRIBUT	WAS UNDERLYING DING CAUSE OF	he	B. PLACE OF INJURY (e.g., in ime, foim, foctory, street, of c.)	g., in or about 21 C. WHERE DID (If in Baltimore City, give exact location) the office bldg., INJURY OCCUR?					
MEDI	OF INJURY			21 E. INJURY OCCURED 21 F. HOW DID INJURY OCCUR? While At Work At Work						
	22. I certify that (I) (this hospital) attended the deceased from 10 23 to 423 to 4230-1966,									
	that (I) (we) lost sow the deceased alive on 4-30 and that in (my) (our) opinion death occurred on the date									
	ond hour ond from the couses stoted obove. (i) (We) (and) (did ve) view the body ofter deoth.									
	M.D. Attending Med. Stoff Phys. G-9-66									
	23C. PHYSICIAN'S NAME (Type) Dr. Robert H. Siver 3105 N. Charles Street, Baltimore									
24	REMOVAL (Sp	ATION, 248. DATE	/	NAME of CEMETERY of CRE	,		City, town, or county) (State)			
25	A. DATE REC'D	DY HEALTH DEPT.		reenmount (eme	25C. FUNERAL DIRECT	Baltimore, Mo	d.			
	MAY	2 1966 R.C	se. 15 2	Jake MA			5305 Harford Road,			
VS	150-REV. 1/1/65									



the body was ceased shows: MOS

Registered No. 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)
A. STATE
B. COUNTY limits, write RURAL and give township) 218000 Wa If Under 1 Yr. If Und Months: Doys Hours If Under 24 His. 12. CITIZEN OF WHAT COUNTRY? ADDRESS INTERVAL BETWEEN ONSET AND DEATH 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? (If in Baltimore City, give exact location)

and that in (my) (our) apinion death accurred an the date

23B. DATE SIGNED

Westminster (emetery

May REC'D BY HEALTH DEPT.

258. NAME OF REGISTRAR

25C. FUNERAL DIRECTOR

VS 150-REV. 1/1/65

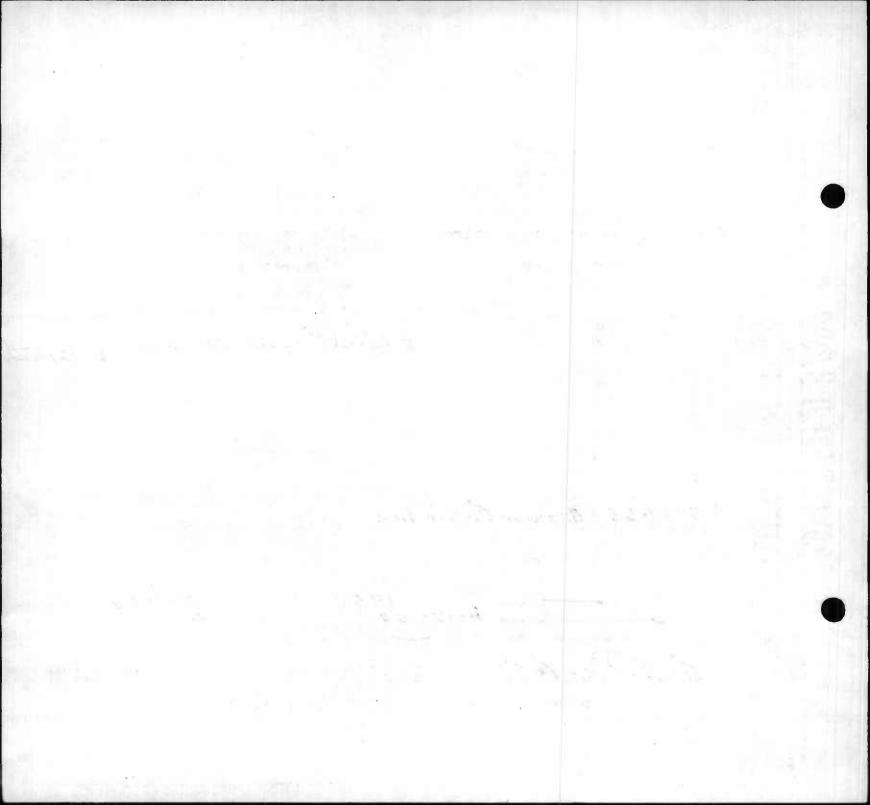
Leonard J. Ruck, Inc .-- 5305 Harford Rd, 14

TV 450 TV CIEV E

2 71 1 14

the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death—shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.C.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and IMPORTANT FUNERAL DIRECTOR: the body was released to the hospital by a medical examiner.

		4 = 0	BALTIMORE CITY	HEALTH DEPARTMEN		
BIRTH NO.	66 04	1400	CERTIFICA	TE OF DEATI	Registered No.	65 (4453
M.E. CASE NO.	CEASED			2. DAT	AND HOUR OF DEATH	1
(Type or Print)	EDNA MAER				Y 1,1966	1:15 A. M.
3. PLACE OF D	EATH IN BALTIMORE, MA	RYLAND		A. STATE B. C	OUNTY	institution: residence before admission)
FULL NAME HOSPITAL OR INSTITUTION			e street		If outside city limits, write	RURAL and give township)
17) 1160	(*************************************	7			ore 21214	
402	6 Harcourt	Road		D. STREET ADDRESS 4626 H	arcourt Roa	d
5. SEX M	6. RACE W	7. MARRIED, N WIDOWED	EVER MARRIED	SEPT.16,18	9. AGE (In years lost birthdoy) 77	(f Under 1 Yr. If Under 24 Hrs. Months Ooys Hours Min.
	CUPATION (Give kind of wor	108, KIND OF B	USINESS OR INDUSTRY	11. BIRTHPLA CE (Stote or	foreign country)	12. CITIZEN OF WHAT COUNTRY?
	f working life, even if retired) ry Goods St	ore Ret	tired	Baltimore	Maryland	USA
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN	NAME	
	Frederick M	aer			et Haegen	
(Yes, no or unknov	od Ever in U. S. Armed Fo	es of service)	SECURITY NO.	17. INFORMANT 462	6 Harcourt	Road
no		213	18 2030 A	Mrs G. Lec	onard Vanle	ntine
DISE	ASE OR CONDITION DI	RECTLY	CAUSE O	etical ava	Lian Trave	ONSET AND DEATH
	LEADING TO DEATH			mc- 40(C/7050	edi cereco	6-12 Ment
	not mean the mode of		DUE TO			
	omplication which coused					0.00
	ANTECEDENT CAUSES		(B)	hiii dah dahama 88 sesesir (wa a delam se) mineriwek (wel-delam s	> > dell-lini mater mellili li di	000 000 000 000 000 000 000 000 000 00
tise to I	OR CONDITIONS, if he obove couse (A) IG CONDITION lost.		(C)		•••••	
≧ TO THE	II NIFICANT CONDITIONS (DEATH BUT NOT REL R CONDITION CAUSING	ATED TO THE				
U TOA DATE C		IDITION FOR WH	ICH OPERATION	20 A. AUTOPSY? (Yes	IN CERTIFYING C	FINDINGS CONSIDERED AUSES OF DEATH?
	4-66 Gilz	criana	acconum			
OR CONTRIL	ENT WAS UNDERLYING BUTING CAUSE OF fy medical examiner	21 B. PL home, etc.)	form, foctory, street, or	n or obout 21 C. WHERE DI	D (If in Boltima R?	ore City, give exoct location)
21 D. TIME	(Month) (Day) (Year)	(Hour) 21 E. IN	JURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
S OF INJURY		While		e		
	.1 (1) (.1	Work	At Work	950	10	
	y that (1) (this hospital) last saw the deceas				19105	
						pinion death occurred on the date
23A. SIGNAT	nd from the causes sta	ted above. (1) (We) (dld) (didentit)	riew the bady after dec	ith.	200 DATE SIGNED
234.3101141	. / -] /	10	M.D. Atte	ending Med	Stoff	238. DATE SIGNED
23C. PHYSIC		4 X	Phy	s. Director	Phys.	May 2,1966
NAME	Clarence	W. Pea	ke M.D.	4508 Harfo	ord Road	
24A. BURIAL CE	REMATION, 248, DATE		E of CEMETERY or CR			City, town, or county) (State)
Buria		1966 Wo	odlawn Cen	eterv	Woodlawn Ma	anyl and
25A. DATE REC	P BY HEALTH DEEL A	25B. NAME OF	REGISTRAR MA	25C. FUNERAL DIREC	CTOR	ADDRESS
	4Y Z 1966 ()	Cus C.	TOTAL MAIL	HENRY SA	NDER & SON	S INC.
VS 150-REV. 1/1	/65	-			E MARYLAND	



VS 150-REV. 1/1/65

	BALTIMORE CITY HEA	LTH DEPARTMENT
	RTH NO. LE CASE NO. GG 114454 CERTIFICATE	OF DEATH Registered No.
1. N	NAME OF DECEASED	2. DATE AND HOUR OF DEATH
(Тур	ype of Print Robert Les Harvey	11/29/66 1/2:30 /
3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND	SUAL RESIDENCE (Where deceased lived, If institution; residence before admis
	A. S	TATE B. COUNTY
	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location)	ITY OR TOWN (If outside city limits, write RURAL and give township)
	INSTITUTION	Off TOWN (If outside city limits, write RURAL and give township)
0	n s	TREET ADDRESS (III rurol, give locotion)
14	Alliners to al Mary land Har la	2 m 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5. 5	SEX 6. RACE 7. MARRIED NEVER MARRIED B. DA	ATE OF BIRTH 9. AGE (In years If Under 1 Yr., If Under 24
"	WIDOWED, DIVORCED (specify)	Months Doys Hours Mi
103	DA, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. B	5/2//19// 52
	one during most of working life, even if retired)	IRTHPLACE (State or Greign country) 12. CITIZEN OF WHAT COUNTRY?
1	machine operator Steel	4 Georgia 4.5
13.		NOTHER'S MAIDEN NAME
1	(> > a d 1 . 1)	olle Harvey
15, 1	5. Wos Deceosed Everyn U. S. Armed Forces? 16. SOCIAL 17. IN	NFORMANT ADDRESS
(Yes	es, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	NFORMANT 225Ni Cannollton A
	NO 217-05 1656	LuamesHarver
	18. 2 0 0 21 CAUSE OF DEA	ATH INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY	1 17
	LEADING TO DEATH	19 nant Lymphoma ()
	(This does not mean the made of dying, e.g., DUETO heart failure, asthenia, etc. It means the disease,)
	injury or complication which caused death.)	
	ANTECEDENT CAUSES (B)	***************************************
	DISEASES OR CONDITIONS, if ony, giving	
	rise to the above couse (A) stating the (C) UNDERLYING CONDITION last.	
Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ATION	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
0	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 2	OA. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED
CERTIFIC	WAS PERFORMED	IN CERTIFYING CAUSES OF DEATH?
U U		bout 21 C. WHERE DfD (If in Boltimore City, give exact location)
AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, office by DEATH (notify medical examiner)	INJURY OCCUR?
DIC	21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
ME	OF INJURY	211. NOW DID INJURY OCCUR:
	(APPROX.)	
	22. I certify that (I) (this hospital) attended the deceased from	12 1966 to 4/2-9 198
	that (i) (we) lost sow the deceased alive on 11/2 9	19 6 ond that in (my) (our) opinion death occurred on the
	and hour and from the causes stated above. (1) (We) (did) (dld not) view t	
	23A. SIGNATURE	23B. DATE SIGNED
	13 1 10 1 1 1 M.D. Attending	Med. Stoff 1/20/11
6	Phys.	Director Phys. D
	23C. PHYSICIAN'S NAME (Type)	ADDRESS
	William C. Williamer M.D. U	NIVERSIL HEED
24A	4A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATE REMOVAL (Specify)	ORY 24D. LOCATION (City, town, or county) (Sto
	01 = 2 // 10. 0-1/6	and Dina Dilata and
254	SA, DATE REC'D BY HEALTH DEPT. 25B, NAME OF REGISTRAR	SOFTINERAL DIRECTOR
11-00	The state of the s	Ka. 10108 00'0 au = 15 01'
H		

3/3/1911 55

James Harry Commerces

314 30 116

Barriar 573 & Martin and Erresary Process whether Material

15
20

MAE CASE NO. NAME OF DECEASED (Type or Print) Garrett D. Jones 2. DATE AND HOUR FRONDUNCED DIAD 4. USUAL RESIDENCE (Where deceased Wed. C. CHITTOPHE OF THE NOT IN HOSPITAL OR INSTITUTION, GIVE STREET MATTER ADDRESS OR LOCATION) INSTITUTION, GIVE STREET MATTER ADDRESS OR LOCATION MISTITUTION, GIVE STREET MISTITUTION		66	14455		BALTIMORE CITY HEA	LTH DEPARTMEN	NT		8 1144	55
CATE AND HOLE PRONUNCED DEAD 1.23 p 2.47 (AND HOLE PRONUNCED DEAD 1.23 p 3.7 (ALE IN SALTIMORE, MARTLAND, WHERE PRONUNCED DEAD 1.23 p 3.7 (ALE IN SALTIMORE, MARTLAND, WHERE PRONUNCED DEAD 1.23 p 3.7 (ALE IN SALTIMORE) 1.23 p	BIRTH	I NO.	MED	ICAL EX	AMINER'S C	ERTIFICA	TE OF D	DEATH Registe	red No.	
Carrest D. Jones 4/28/66 1:23 pm 1:23 pm 2:23 pm 2:24 pm 3. Finance in Statistical Property of the S	-									
S. PLACE IN BALTIMORE MARYLAND, WHERE PRONOUNCED DEAD HULL NAME OF ADDRESS OR LOCATION. TOUR MANE OF ADDRESS OR LOCATION. TOUR MANE OF MET NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION. TOUR TOWN IT GOVERNOUS CONTRIBUTION OF SUSPESS OR LOCATION. TOUR MANE OF MET NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION. TOUR TOWN IT GOVERNOUS CONTRIBUTION OF SUSPESS OR LOCATION. TOUR MANE OF MET NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OF LOCATION. TO THE SUSPENS OF LOCATION OF SUSPESS OR INDUSTRY. TO THE SUSPENS OF LOCATION OF SUSPESS OR INDUSTRY. TO THE SUSPENS OF LOCATION DIRECTLY LEADING TO DEATH TO THE SUSPENS OF LOCATION OF SUSPESS OR CONDITION DIRECTLY LEADING TO DEATH TO THE SUSPENS OF LOCATION OF SUSPESS OR LOCATION			CEASED	Carret	t D To	nos	2. DATE ANI			. 22
MAY Jand C. THE POSTIAL OF INSTITUTION ADDRESS OF LOCATION TO STREET ADDRESS (If round, give location) TO ST	3. PL	ACE IN BALT	IMORE MARYLAND, W				DENCE (Where			
TAGENTAL CASE ADDRESS OF LOCATION Baltimore D. STREET ADDRESS (If word, give location) 733 School St. 5. SEX male Colored Manaried Monover, Divoactiogeocity) Monover, Divoactiogeocity) Monover, Divoactiogeocity) 10A USUAL DECUPATION (sive size of word) Monover, Divoactiogeocity) 10A USUAL DECUPATION (sive size of word) Monover, Divoactiogeocity) 10A USUAL DECUPATION (sive size of word) Monover, Description Monover, Descripti			The state of the s					B. COU	NTY	
733 School St. 5. SEX 5. SEX 6. RACE WIDOWED, NOVECEO (Specify) BLATTE OF METH 9. AGE (In years and though of the colored of widowed) ITAL JUSTAL DCCUPATION (Green line of level) 10A, JUSTAL DCCUPATION (Green line of level) 10A, DSUAL DCCUPATION (Green line of level) 10A, MOTHER'S MAIDEN NAME 10BEASE OR CONDITION DIRECTLY LEADING TO DEATH (In) (Green line of level) 10BEASE OR CONDITION DIRECTLY LEADING TO DEATH (In) (Green line of level) 10BEASE OR CONDITION (AUSTA) 10BEASE OR CONDITION (Green line of level) 10BEASE OR CONDITION (AUSTA) 10BEASE OR CONDITION (AUSTA)	HOSE	PITAL OR	ADDRESS OR LOCA	AL OR INSTITU	JTION, GIVE STREET	C. CITY OR TO	WN (If autside	corporate limits, write	RURAL and give	e township)
S. SEX S. RACE COLOTED MIDOWID DIVORCEST MARRIED S. DATE OF BIRTH S. AEE Import Morths, Days Hours, D	0							give location)	01	
INAL DUAL DECEPATION Give sind of ways 10 R RND OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (State or foreign Gountry) West Virginia 13. FATHER'S NAME 14. MOTHER'S MADEEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL 17. INFORMANT 18. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. OF THE VIRGINIA OF BUSINESS OR INDUSTRY IN NO. 18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This gloss not meen the mode of dying show here follow, cathering, etc. If means the disease, liquid or inomphosine which sourced death) BIS TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION, IF ANY, CHIVING BISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION CAUSING IT. 19. DATE SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT. 19. DATE OF OFFERATION 19. CAUSE OF CANTILOUS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE UNDERLYING CONDITION CAUSING IT. 19. DATE OF OFFERATION 19. CREMENTAL CAUSE WAS 19. DATE OFFERATION 19. CREMENTAL CAUSE WAS 19. DATE OFFERATION 19. CRE		733	School St.				733 Sch	ool St.		MINISH
INDUSTRY IN STRENGT CONTRIBUTING BIS ASSOCIATE MADE INTERVAL BET ON DISTANCE CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BET ON THE SIGNIFIC ANT CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. INTERVAL BET ON OR STEPPONNED WAS TERPONNED INTERVAL BET ON SET AND 200. AUTOPSYT (Tes or No) 200. IF YES, WERE FINDINGS CONSIDERED IN OCKNICAL STRING THE DISEASE OR CONDITION CAUSING IT. INTERVAL BET ON SET AND INTERVAL BET O		_		WIDO WED,	DIVORCED (specify)			last birthdoy)	If Under 1 Yr. Manths Days	If Under 24 Hrs Haus Min.
S. FATHER'S NAME								n country)		
IS. WAS DECEASED EVER IN U.S. ARMED FORCES? IVer, no drunknown) (If yes, give wor or doles of service) IS. CAUSE OF DEATH IS. CAUSE OF DEATH INTERVAL BET ONSET AND DISEASE OR CONDITION DIRECTLY LEADING TO DEATH INTERVAL BET ONSET AND DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH INTERVAL BET ONSET AND ATTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING MISE TO THE ABOVE CAUSE (A) STAING THE DISEASE OR CONDITION LAST. (C). OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C). OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DEATH OF THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? OTHER SIGNIFICANT CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DISEASE OR CONDITION CAUSING IT. OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? OTHER SIGNIFICANT CONDITION SCONTINBUTING TO THE DISEASE OR CONDITION CAUSES OF DEATH? OTHER SIGNIFICANT CONDITION SCONTING CONTING CON	done	during most or	warking lite, even it retired)			West V	irgini	a		
SECURITY NO. Gertrude Jones 2026 McCulloh St.	13. FA	ATHER'S NAM	A E	Egottle:		14. MOTHER'S M	AIDEN NAME			
SECURITY NO. Gertrude Jones 2026 McCulloh St.	15 344	AS DECEASE	D EVEN IN II & ARLAS	FORCES	D4 social	17 INFORMATION			A D D BEEC	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heart failure, esthemic, etc. It means the disease, injury or complication which coused death) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIMNO MISE TO THE ABOVE CAUSE (A) STAING THE OTHER SIGNIFICANT CONDITION LAST. (C). OTHER SIGNIFICANT CONDITION COUNTING TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 21A. EXTERNAL CAUSE WAS WAS PERFORMED 21B. PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimare City, give exact location) etc.) 10 TIME (Manth) (Day) (Year) (Hour) etc.) 10 TIME (Manth) (Day) (Year) (Hour) etc.) 11 CHIEF MEDICAL EXAMINER AT WORK 22							de Ten	2026		0.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., heard failure, esthemic, etc., if means the disease, injury or complication which coased death.) ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, CIVING UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 199.A. DATE OF OPERATION 199. CONDITION FOR WHICH 199. WAS PERFORMED 199. THE PROPERTY OF THE PROPERTY OPERATION 199. CONDITION FOR WHICH 199. WAS PERFORMED 199. THE PROPERTY OPERATION 199. CONDITION 1				393.0		1	de Jon	62 5050 MG		
Notice The control of the contro		(This daes	LEADING TO DEATH	dying e.g.,	Arteri	osclerotio	cardio	vascular di		ET AND DEATH
NO NO CERTIFYING CAUSES OF DEATH? 21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-	FICATION	DISEASES RISE TO TH UNDERLYIF	OR CONDITIONS, IF A E ABOVE CAUSE (A) S NG CONDITION LAST. II NIFICANT CONDITIONS DEATH BUT NOT RE	CONTRIBUTING	(C)					
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH. hame, form, foctory, street, office bidg, INJURY OCCUR? 21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY (APPROX.) WHILE AT NOT WHILE AT WORK	CERT		OPERATION 198, CON	DITION FOR	WHICH OPERATION					DERED
21D TIME (Manth) (Day) (Year) (Haur) 21E. INJURY OCCURRED OF INJURY (APPROX.) 22. Certify that I held an Inquiry Inspection Autopsy and that on this basis, death In my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/28/66 EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, REMOVAL (Specify) 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (SPECIFY) Balto. Nat'l Cem. Balto. Md.	UU	INDERLYING	OR CONTRIB-	home	PLACE OF INJURY (e.g., , form, factory, street,	in ar about 21C. \affice bldg., INJUR	WHERE DID (Y OCCUR?	If in Baltimare City, give	ve exact location)
Certify that I held an Inquiry Inspection Autopsy and that on this basis, death In my opinion resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER DATE SIGNATURE EXAMINER'S NAME (Type) Werner U. Spitz, M.D. ASSOCIATE MEDICAL EXAMINER 4/28/66	Σ 2	F INJURY	(Manth) (Day) (Yea	V	VHILE AT NOT	WHILE	OW DID INJU	RY OCCUR?	Defendance of the second	
CHIEF MEDICAL EXAMINER DATE SIGNATURE SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER 4/28/66 EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, 123B. DATE SIGNAME of CEMETERY of CREMATORY REMOVAL (Specify) Burial Balto. Nat'l Cem. Balto. Md.	2	22.	tify that I held an I				d that on thi	s basis, death In m	y opinian	- PAR
ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 4/28/66 EXAMINER'S NAME (Type) Werner U. Spitz, M.D. 23A. BURIAL CREMATION, PREMOVAL (Specify) Burial Solution (City, town, or county) (Specify) Burial Balto. Nat'l Cem. Balto. Md.		resul	ted fram: Natural ca	uses 🛛 A	Suicle	de Hamici	ide 🗌 L	Indetermined manne	er 🗌	
SIGNATURE		ACTUA	10000	. (7:1/				DA	TE SIGNED
23A. BURIAL CREMATION, REMOVAL (Specify) Burial 23B. Date 5-4-66 Balto. Nat'l Cem. Balto. Md.		SIGNAT	URE JUNE	nh.					4/28/	/66
	REM	BURIAL CRE	MATION, 23B. DATE	6 23	C. NAME OF CEMETERY				town, or county)	(Stote)
			BY HEALTH DEPT.					alto. Ma.	ADDRE	55
MAY 2 1966 00 0 3 200 Gleren Lelson 1348 Calheren 2		MAY	2 1966 190	A Q	C. O. M.	George	2 Stels	un 1348 (alheren	Se.

AND THE RESIDENCE OF THE PARTY . . . enja- . . . mo Etjan . no eth

This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased IMPORTANT FUNERAL DIRECTOR:

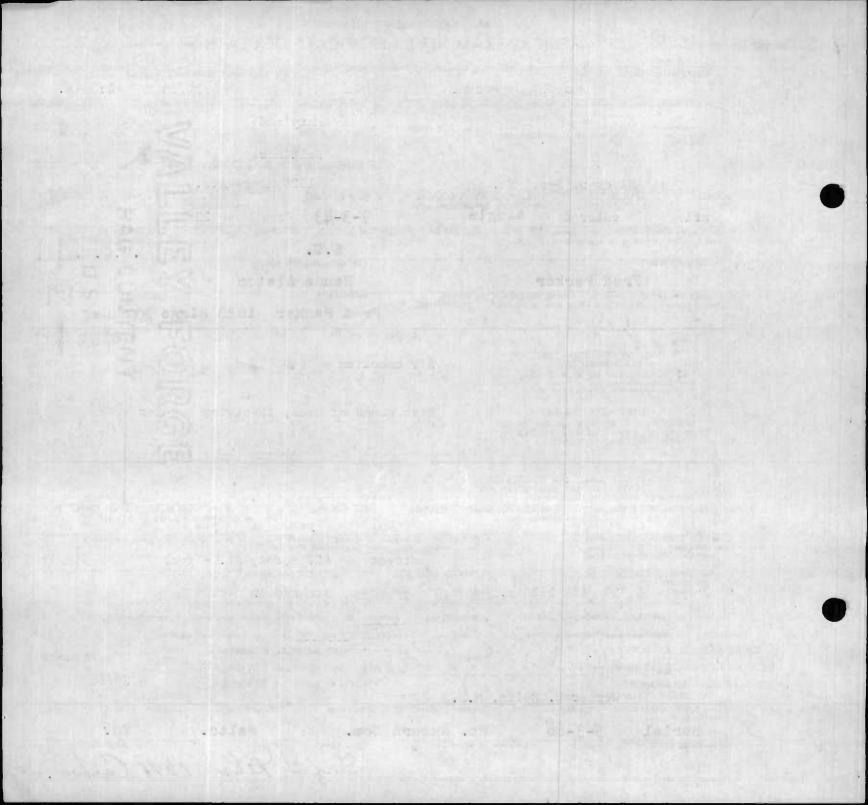
BIDY	66 (144) 6 BALTIMORE CIT	ATE OF DEATH Registered No.66 1144	56
M.E.	CASE NO.	AL OF DEATH	
1.N.	AME OF DECEASED oe or Print) /	2. DATE AND HOUR OF DEATH	1 //
2 8	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residen	128/66
3. F	CACE OF DEATH IN BALLISHOOKS, MAKEAND		
	FULL NAME OF (If not in hospital or institution, give street	C. CITY OR TOWN (If outside city limits, write RURAL and give	
	NSTITUTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Jawn ship)
	10 - + 11 - 11	D. STREET ADDRESS (If rurol, give location)	00
1	University Hospital	1308 Worth Ave	
5. S	EX 6. RACE 7. MARRIED, NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. Months; Days	If Under 24 H
		11669	
	USUAL OCCUPATION (GIVE kind of work 108, KIND OF BUSINESS OR INDUSTR' during most of working life, even if retired)	Y 11. BiRTHPLACE (Stole or foreign country) 12. CITIZEN C WHAT C	OF OUNTRY?
		Manyland US	4
13.	House wite	14. MOTHER'S MAIDEN NAME	
1.	3100 Ks, ?	Lavinia Valuson	
15. \	Was Deceased Ever in U. S. Armed Forces? s, no or unknown (If yes, give war or dates of service) 16. SOCIAL SECURITY NO.	17. INFORMANT ADD	PRESS
1	V /	Mary Clark-daughten 1366	W. North
H	18. CAUSE C	OF OEATH INTER	VAL BETWEEN
	DISEASE OR CONDITION DIRECTLY		T AND DEATH
	LEADING TO DEATH	inal Chard damage 60	915
	(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease,	inal Chord Lamage bd	, _
	injury or complication which caused death.	pinal column	
	ANTECEDENT CAUSES DUE TO		000000 m 0000000 mmmmm 0000
	DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the (C)		
	UNDERLYING CONDITION Iasi.		
z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
ATIO	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
	19A-DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CON IN CERTIFYING CAUSES OF DEAT	
CERTIFIC			
-	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., home, form, foctory, street,	in or about 21 C. WHERE DID (If in Boltimore City, give exa office bldg., INJURY OCCUR?	ct locotion)
O	DEATH (notify medical examiner) NO etc.)		
	21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
2	(APPROX.) While At Not Whork At Work		
	22. I certify that (I) (this hospital) attended the deceased fram	4/26 1966 10 4/2	8 19 6
11 7	that (1) (we) last saw the deceased alive an 1/25	19_6ond that in(my) (aur) apinlon death oc	/
	and haur and from the causes stated above. (1) (We) (did) (did nat)	view the bady after death.	
	23A. SIGNATURE	23B, DATE SIG	NED
	B. ann Word M.D. A.	ttending Med. Stoff Phys. 4/28	2116
	Ph		1600
	23C.PHYSICIAN'S	23D. ADDRESS	160
			160
	23C.PHYSICIAN'S NAME (Type) M.D A. BURIAL CREMATION, 24B, DATE 24C.NAME of CEMETERY or CI		inty) (Stote
	23C.PHYSICIAN'S NAME (Type)	REMATORY 24D. LOCATION (City, fown, or cou	inty) (Stote
24A	23C.PHYSICIAN'S NAME (Type) M.D A. BURIAL CREMATION, 24B. DATE 24C.NAME of CEMETERY or CI	REMATORY 24D. LOCATION (City, town, or cou	(Stote

8/29/66 - multiple myclome o autopay right.

Sery - Bur of Burstatiolics - E

P-626

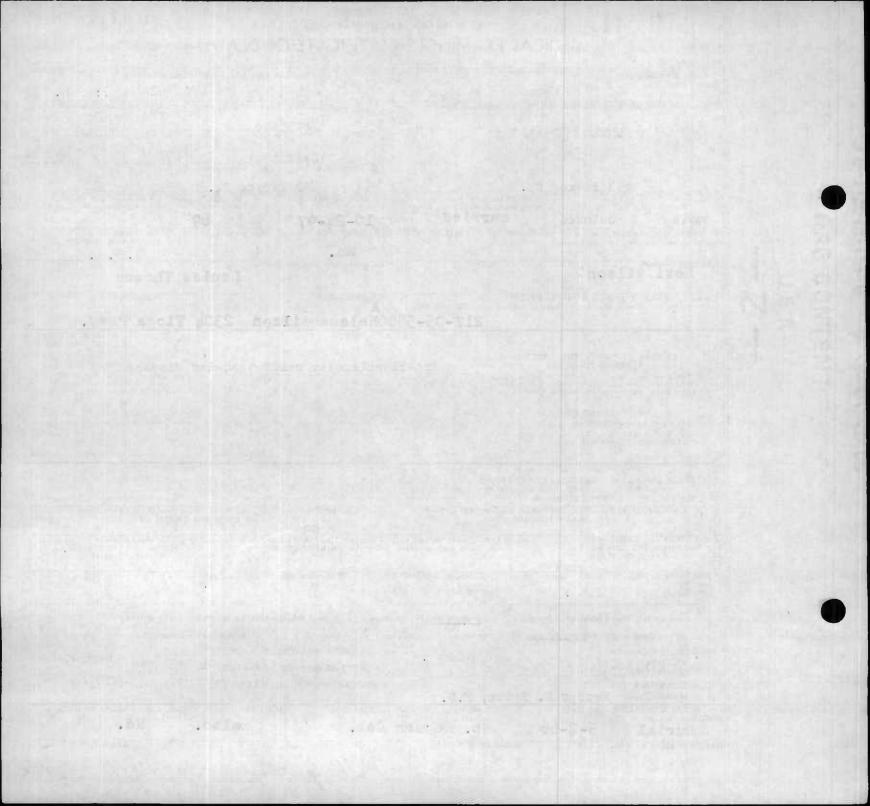
BIRTH NO.	6 044 MED	ICAL EX	AMINER'S C	ERTIFICATE OF	DEATH Registe	ered Na.
M.E CASE NO.					ND HOUR PRONOUNC	
(Type ar Print)	Josep		arker	Z, DATE A	4/30/66	
3. PLACE IN BA	ALTIMORE, MARYLAND, W	HERE PRONOL	INCED DEAD	4. USUAL RESIDENCE (When	e deceased lived. If inst	litution: residence before admission
FULL NAME O	F (IF NOT IN HOSPIT.	AL OR INSTITU	JTION, GIVE STREET	Maryland	d	
HOSPITAL OR	ADDRESS OR LOCA	ATION)		C. CITY OR TOWN (If outs	ide carparate limits) write	RURAL ond give lownship)
				Baltimon		000
				D. STREET ADDRESS (If rure		
5. SEX	it Blook of Pe		NEVER MARRIED	8. DATE OF BIRTH	iggs Ave.	Tre Date 1 and 1 and 1
male	colored		DIVORCED (specify)	9-3-43	9. AGE (In years last birthday) 23	If Under 1 Yr. If Under 24 His Months, Doys, Hours, Min.
	CUPATION (Give kind of work of working life, even if retired)	108 KIND OF	BUSINESS OR INDUSTR	11. BIRTHPLACE (State or fore	ign country)	12. CITIZEN OF WHAT COUNTRY?
odile during mosi	or working life, even it refired?			S.C.		.U.S.A.
13. FATHER'S NA	AME			14. MOTHER'S MAIDEN NA	ME	
	Fred Parke	r		Hanna Als	ton	
15. WAS DECEA	SED EVER IN U.S. ARMED	FORCES?	16. SO CIAL SECURITY NO.	17. INFORMANT		ADDRESS
, . Joy no or onkild	, , so, give war or dole	VI 20171CG/		Fred Parker	1620 Rigg:	s Avenue
1B.	7 6 6 V		CAUSE	OF DEATH		INTERVAL BETWEEN
Louis	ACE OF CONDITION D	DECTIV				ONSET AND DEATH
	LEADING TO DEATH		(A) Air em	bolism		
(This doe	s not mean the made of ure, asthenia, etc. It means	dying, e.g.,	DUE TO	0000 0000 000 000 000 000 000 000 000		001 000 00001 000 01 4 000 00 00 00 00 00 00 00 00 00 00 00 0
injury or	complication which caused	de oth.)				
	ANTECENDENT CAUSE	S	"Stab w	ound of neck, in	nvolving jugu	ular vein
DISEASE RISE TO	S OR CONDITIONS, IF A	NY, GIVING	DUE TO	.000 x x 000 x x 0 0 x 0 x 0 x 0 x 0 x 0		50 roos - ayaaaaa - 🕶 rooqoaaqoonooy aaaaqqagy sii yuu yoo aag
UNDERL	YING CONDITION LAST.		161			
6			()			
OTHER S	II IGNIFICANT CONDITIONS	CONTRIBUTII	NG			
O THE	DEATH BUT NOT RE	LATED TO T				
E DISCASE	OF OPERATION 198, CON		WHICH OPERATION	20A. AUTOPSY? (Yes or No	o) 20B, IF YES, WERE FIL	NDINGS CONSIDERED
2	WAS PER	FORMED		yes	IN CERTIFYING CAUS	SES OF DEATH?
	IAL CAUSE WAS	21 B.	PLACE OF INJURY (e.g.,	in or about 21C. WHERE DID		ve exact location)
O UTING C	GMOR CONTRIB- AUSE OF DEATH.	home etc.)	, form, factory, street, o	other bidg., INJURY OCCUR?	ey St rear	r
E 21 D TIME	(Manth) (Day) (Yea	r) (Hour) [2	1E. INJURY OCCURRED	21F, HOW DID IN		
OF INJURY (APPROX.)			WHILE AT NOT	WHILE TO Stahhad		
22.			YORK AT W			
	ertify that I held an I				his basis, death In n	
res	ulted from: Natural ca	uses A	ccident Suicid		Undetermined manne	or
ACTU	1/1000	10	7/1/-	CHIEF MEDICAL E		DATE SIGNED
SIGNA		7 1.	S/V MAD	ASSISTANT MEDICAL E		1 120166
EXAM	INER'S	Coite	N/o	ASSOCIATE MEDICAL I	EXAMINER	4/30/66
23A. BURIAL C		SPITZ,	C. NAME of CEMETERY	CREMATORY 23D.	LOCATION (City,	, town, or county) (State)
REMOVAL (Spec	//		Mt. Auburn		Balto.	Md.
	D BY HEALTH DEPT.		OF REGISTRAR	24C. FUNERAL DIRECTO		ADDRESS
			Con MA	01 (/(116	11.
MAY	1966 (1) 0-	1200	Machine	Dary D. 7	Clour 13	48 Calhour -
VS 151-REV. 1/	1/65 A	14		J		



W-425

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered	MEDICAL	FXAMINER'S	CERTIFICATE	OF	DFATH Registered !
--	---------	-------------------	-------------	----	--------------------

M.E. CASE NO.					
1, NAME OF DECEASED			2. DATE AND HOUR PRONOUNCED DEAD		
H	erman	Wilson	4/28/66 7:05 p. M		
3. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUP	NCED DEAD	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission A. STATE B. COUNTY		
FULL NAME OF (IF NOT IN HOSPIT	TAL OR INSTITUT	TION, GIVE STREET	Maryl	and outside corporate limits, write RURAL	and aive township
HOSPITAL OR ADDRESS OR LOC-	A IION)		C. C.II. OK IOWIN (III o	To a series of the series of t	and give to wiship?
			D. STREET ADDRESS (III		3
843 Pierce	St.		843 P	ierce St.	
5. SEX 6. RACE	7. MARRIED, N	EVER MARRIED	B. DATE OF BIRTH	9. AGE (In years If Uni	der 1 Yr. If Under 24 Hrs.
male colored		vorced(specify)	20 01 00		s Days Haurs Min.
			10-24-97	foreign country)	IZEN OF
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUS			201	WI	IAT COUNTRY?
			Md.	U	.S.A.
13. FATHER'S NAME LEVI Wilson			14. MOTHER'S MAIDEN N		
3012 1123011				Louise Thom	as
15. WAS DECEASED EVER IN U.S. ARMEI		6. SO CIAL	17. INFORMANT	ADDR	ESS
(Yes, no ar unknawn) (If yes, give war ar dat		SECURITY NO.	A	2201 84	7)
710			oHelena Wils	son 2304 Tioga	
1B,		CAUSE	OF DEATH		ONSET AND DEATH
DISEASE OR CONDITION D	IRECTLY				
LEADING TO DEATE	Н	Arterio	sclerotic card	diovascular diseas	e
(This does not mean the made of heart foilure, asthenia, etc. It mean injury or complication which coused	s the disease,	DUE TO			
ANTECENDENT CAUS		(B)			
DISEASES OR CONDITIONS, 15 A		DUE TO			
UNDERLYING CONDITION LAST.					
NO.		(C)			
E =					
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE					
E DISEASE OR CONDITION CAUSIN		100000000000000000000000000000000000000			• 4 • • • 6 4 4 4 6 6 4 4 4 6 6 6 4 6 4
	NDITION FOR W	HICH OPERATION	20A. AUTOPSY? (Yes or	No) 208. IF YES, WERE FINDINGS IN CERTIFYING CAUSES OF	
ZIA. EXTERNAL CAUSE WAS	218. P	LACE OF INJURY (e.g.,		ID (If in Baltimare City, give exact	lacation)
UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	hame, etc.)	form, foctory, street,	office bldg., INJURY OCCUI	R?	
21D TIME (Month) (Day) (Yes	or) (Hour) 21	E. INJURY OCCURRED	21F. HOW DID	INJURY OCCUR?	
OF INJURY (APPROX.)	m. W		WHILE		
22. I certify that I held an				n this basis, death in my apin	ian
resulted fram: Natural co	F®	cident Suicid		Undetermined manner	
	1	1	CHIEF MEDICAL	EXAMINER -	
ACTUAL AUS	2/1	. // .			DATE SIGNED
SIGNATURE VICTOR	501,0	M.D	ASSISTANT MEDICAL		4/29/66
EXAMINER'S NAME (Type) Werner	U. Spitz	M.D.	ASSOCIATE MEDICAL	L EXAMINER	4/29/00
23A. BURIAL CREMATION, 23B. DATE		NAME of CEMETERY	CREMATORY 2	D. LOCATION (City, town, o	r county) (State)
Burial 5-2-6	6 N	It. Auburn	Cem.	Balto. M	d.
24A. DATE REC'D BY HEALTH DEPT.	24B, NAME C	F REGISTRAR	24C, FUNERAL DIREC	CTOR	ADDRESS
MAY 2 1966 GLZ	18.3	in Com MA	Henry X	elen 1348 da	thoun St
VS 151-REV- 1/1/65		- A	No state 1	1910	-/



IMPORTANT

FUNERAL DIRECTOR:

must

certificate

the body

shows:

O

0

prior

eceased

Ū

0

at An

D.O.A.

Was

45-37-67 NI

BALTIMORE CITY HEALTH DEPARTMENT BIRTH NO. CERTIFICATE OF DEATH Registered No. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH 3. PLACE OF DEATH IN BALTIMORE MARYLAND (Typo or Print) USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY MARYLAND (If not in hospital or institution, grve street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) Hospital INSTITUTION BALTIMORE D. STREET ADDRESS (If rural, give location) 2630 LAURETTA AVENUE made. 9. AGE (In years 5. SEX 6. RACE MARRIED, NEVER MARRIED 8. DATE OF BIRTH II Undor 1 Yr. II Under 24 Hrs. Months Doys WIDOWED, DIVORCED (specily) lost birthday Hours Negro 47 male 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Slole or foreign country) 12. CITIZEN OF WHAT COUNTRY? Isposition done during most of working life, even if retired) Vinginia Porter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAMS Mangaret Wesley v 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. (Yes, no or unknown) (If yes, give wer or dates of service) RECORDS: BCH 4940 EASTERN AVE., Balto.Md.21224 Family CAUSE OF DEATH INTERVAL BETWEEN OF ONSET AND DEATH DISEASE OR CONDITION DIRECTLY almed LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, ٩ injury or camplication which caused death.) em ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains matos CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION OA. AUTOPSY? (Yes or No) 208, IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (o.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF home, lorm, factory, street, office bldg., INJURY OCCUR? DEATH (notify modical examined MEDIC obtained 21 D. TIME (Month) (Doy) (Your) (Hour) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram that (1) (we) lost sow the deceased alive on and that in (my) Jaur) opinion deoth occurred on the date and hour ond from the causes stated above (1) (We) (did) (did nat) view the body ofter deoth. must 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Phys. 6 Director approval 4940 EASTERN AVE. C. PHYSICIAN'S 23D. ADDRESS M.D. 24A. BURIAL CREMATION, 24B. 24C. NAME of CEMETERY OF CREMATORY

24D. LOCATION REMOVAL (Specily) mt. auburn april 28, 1966 MAY 2 1966 25C. FUNERAL DIRECTOR ADDRESS 258. MAME OF REGISTRAR VS 150-REV. 1/1/65

shows: (1) An accident of any nature; (2) Body

the

(except where (6) No

death);

was D.O.A. at a hospital

IMPORTANT

FUNERAL DIRECTOR:

15-300	BALTIMORE CITY HEALT	H DEPARTMENT	00	04460
HRTH NO. 66 04460	CERTIFICATE C	DE DEATH	Registered No.	UTTOU
M.E. CASE NO.	CERTIFICATE		110110 00 000	1 1
Type of Print EDNA	FIRETON PA	GE 10	HOUR OF DEATH	4/20/66
PLACE OF DEATH IN BALTIMORE, MARYLAND	A. C. A		deceased lived. If institu	tion: residence before admission
	A. STA	TE 8. COUNTY		15
FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddiess at lacation) INSTITUTION		OR TOWN (If outside	le city limits, write RUR.	AL and give township)
Baltimore City Hospital	s Z	BLTIMOP		
4940 Eastern Avenue		EET ADDRESS 7 5 3 10		
	1224 丰	TO CO	MIA DLS	ON ST, 21205
S. SEX 6. RACE 7. MARRIED, NE	IVORCED (specify)		AGE (In years of the birthday).	Under 1 Yr. If Under 24 Hrs onths Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work 10B, KIND OF BU	SINESS OR INDUSTRY 11. BIRT	HPLACE (State or foreign	country) 1	2. CITIZEN OF
done during most of working life, even if retired)	Ma	ryland		U.S.A.
3. FATHER'S NAME		THER'S MAIDEN NAME	:	
William Fleming			abeth Blake	
			200011 220010	
5. Was Deceased Ever in U. S. Anned Forces? Yes, no or unknown! (If yes, give wor or dates of service)	SOCIAL 17. INFO	DRMANT		ADDRESS
No	Reco	rds:BCH-4940	Eastern Aven	nue 21224
18	CAUSE OF DEAT	Н		INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY			^	
LEADING TO DEATH	(A) (A)	OPISPIPA	2001 / JA 400	
(This does not mean the mode of dying, e.g., heart foilure, osthenia, etc. It means the disease,	DUE TO			
injury or complication which coused death.)	Carre	37volton		
ANTECEDENT CAUSES	DUE TO	31700 0(87	my tomp	751225
DISEASES OR CONDITIONS, if ony, giving	N	1		
rise to the above couse (A) stating the UNDERLYING CONDITION last.	(C) / C/2	n lose	ricipact	عودولا ا
11				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	A			
198. CONDITION FOR WHI	CH OPERATION 20A	NO NO	20B. IF YES, WERE FINE IN CERTIFYING CAUSE	DINGS CONSIDERED S OF DEATH?
O 21A. ACCIDENT WAS UNDERLYING 21B. PLA	CE OF INJURY (e.g., in or about	121C. WHERE DID	(If in Boltimore Ci	ty, give exact location)

DEATH (natify medical examiner) 21 D. TIME (Year)

MEDICAL OF INJURY (APPROX.)

(Hour) 21 E. INJURY OCCURRED

While At Not While Work At Work

21F. HOW DID INJURY OCCUR?

22. I certify that (I) (this hospital) attended the deceased from

and hour and from the causes stated above. (1) (We) (did) (did not) view the body after death. 23A. SIGNATURE

Attending Phys.

Med. Director Stoff Phys.

23C. PHYSICIAN'S NAME (Type) S.D. Kreider

23D. ADDRESS

4940 Eastern Avenue, Baltimore, Maryland

24A. BURIAL CREMATION.

a.a. County,

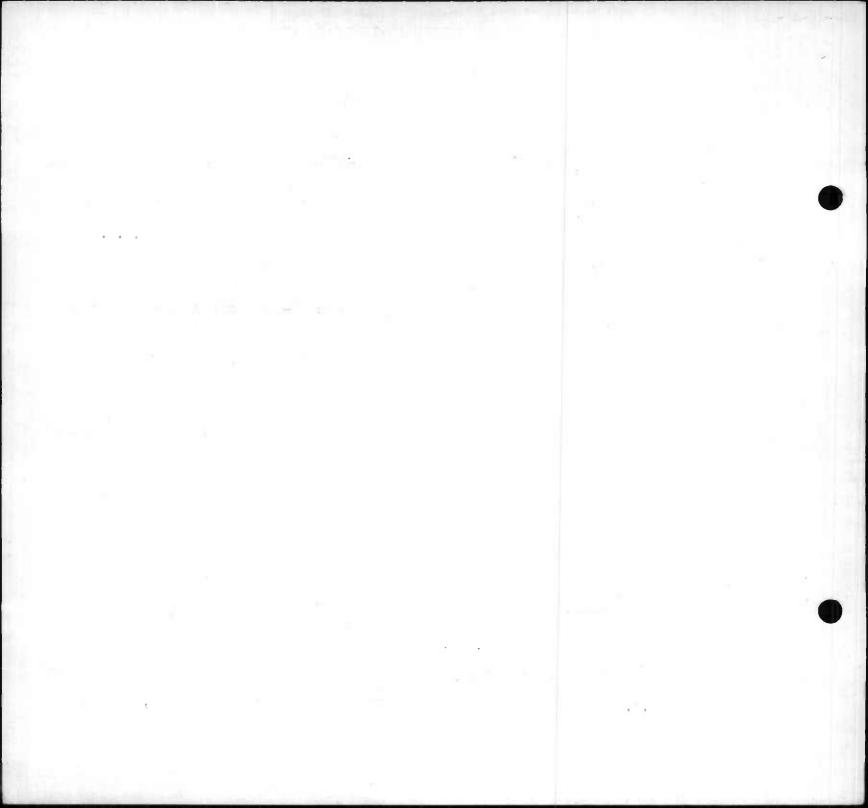
25A. DATE REC'D BY HEALTH DEPT.

25C. FUNERAL DIRECTOR

ADDRESS

2 1701-03 N. Bond At. 21213

VS 150-REV, 1/1/65



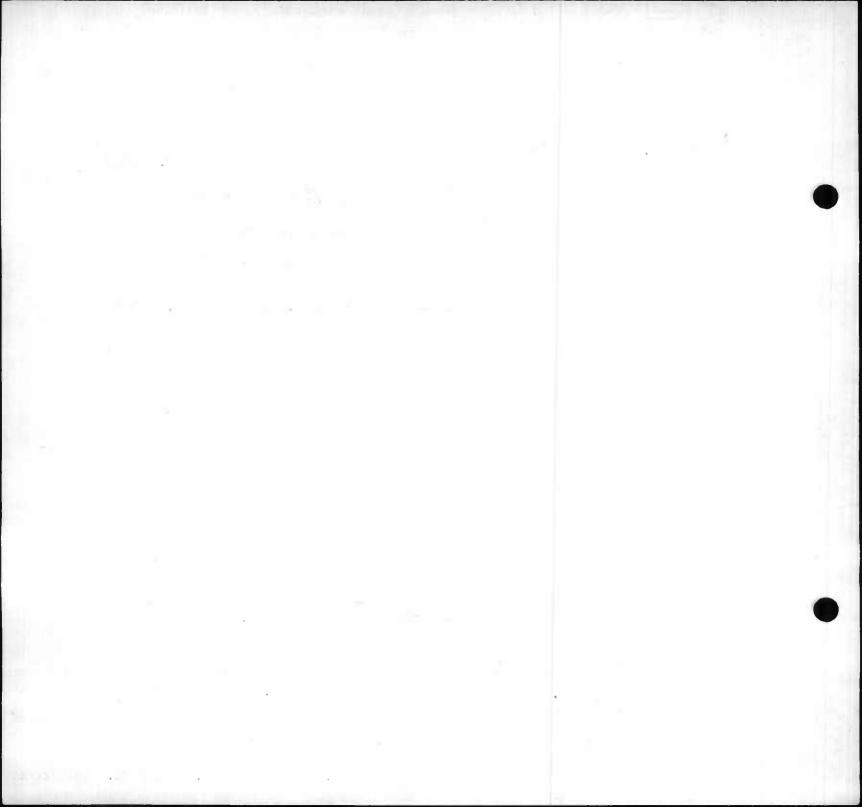
COUSE

1. N	E CASE NO.		CERTIFICA	ATE OF DEATH Registe	red No. 66 (14461
1111111	Pe or Print)			2. DATE AND HOUR OF	DEATH 22
				5-1-664=3	1-66 3
	FULL NAME OF	TH IN BALTIMORE, MA	er institution, give street	4. USUAL RESIDENCE (Where deceesed A. STATE B. COUNTY BALTIMORE	lived. If institution: residence before odn
	HOSPITAL OR INSTITUTION THE JOHNS	oddress or tocetion HOPKINS HOS	1)	C. CITY OR TOWN (If eutside city limit MARYLAND)	ts, write RURAL and give township)
15	601 N .	BROADWAY 27	1205	D. STREET ADDRESS (If rurel, give le	cetien)
				276 MONASTERY AVENU	E S. 21229
5. 5	FEMALE	6. RACE WHITE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) MARRIED	8. DATE OF BIRTH 9. AGE (In y lest buthday)	eers If Under 1 Yr. If Under 1 Months Deys Hours
10.4	USUAL OCCU	PATION (Give kind of werk	10B, KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF
	ne during most of w	orking life, even if retired)			WHAT COUNTRY?
12	House		Own Home	Warrington, England	d England
13.	JAMES M			BRIDGET Godfr	ey
15.	Was Deceased	Ever in U. S. Armed Fer	ces? 16. SOCIAL	17. INFORMANT	ADDRESS
100	No	(If yes, give wer er dete	219-34-4377		76 S. Monastery Aven
1	18.34	0131		OF DEATH	ONSET AND DEA
		OR CONDITION DIR	ECTLY	Miss Cl	1 1 + 111 1
	1 -0 -	t meon the mode of	dving e.g. (A)	pricemo suos	asout the
	heart failure, a	sthenia, etc. It means	the disease,	enticement Shor	
		olication which caused	deoth.)	Quencato and	
	A	NTECEDENT CAUSES	(B) DUE TO		
		R CONDITIONS, if		- Carrier -	
11			stating the (C)		I
		above cause (A) CONDITION last.			* H H H * * H H OOO H OO
		CONDITION last.			
Z	UNDERLYING		ONITRIBULTANC	1. 0-	
ATION	UNDERLYING	CONDITION last.	ONITRIBULTANC	Lives Disease	,
ICATION	OTHER SIGNIF TO THE DE DISEASE OR C	CONDITION last. ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING IOPERATION 198, CON	ONTRIBUTING CHOSEN	20A. AUTOPSY? (Yes or Ne) 20B. IF YE	S, WERE FINDINGS CONSIDERED
RTIFICATION	OTHER SIGNIF TO THE DE DISEASE OR C	CONDITION last.	ONTRIBUTING CHOSEN	20A. AUTOPSY? (Yes or Ne) 20B. IF YE	S, WERE FINDINGS CONSIDERED YING CAUSES OF DEATH?
CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR O 19A-DATE OF 21A. ACCIDEN OR CONTRIBU	CONDITION Iost. II ICANT CONDITIONS CATH BUT NOT RELACED CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF	ONTRIBUTING LIED TO THE CLUMN T. DITION FOR WHICH OPERATION FORMED [218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes or Ne) 20B, IF YE IN CERΠF	
CAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR O 19A. DATE OF 21A. ACCIDEN OR CONTRIBU DEATH (netify	CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicel exeminer	ONTRIBUTING LED TO THE CONTRIBUTION TO THE CON	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF in or ebout 21C. WHERE DID (If in effice bidg., INJURY OCCUR?	YING CAUSES OF DEATH? Boltimere City, give exact lecetien)
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUOUS DEATH (netify 21 D. TIME OF INJURY	CONDITION Iost. II ICANT CONDITIONS CATH BUT NOT RELACED CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF	ONTRIBUTING TED TO THE CONTRIBUTION TO THE CONTRIBUTION ORMED 21B. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF in or ebout 21C. WHERE DID (If in effice bidg., INJURY OCCUR?	YING CAUSES OF DEATH? Boltimere City, give exact lecetien)
CAL CERTIFIC	OTHER SIGNIFTO THE DE DISEASE OR CO 19A. DATE OF CONTRIBUTED TO THE DESTRUCTION OR CONTRIBUTED TO THE DESTRUCTION OF THE DESTRU	CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicel exeminer	ONTRIBUTING LED TO THE CONTRIBUTION TO THE CON	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF in or ebout 21C. WHERE DID (If is effice bldg., INJURY OCCUR?	YING CAUSES OF DEATH? Boltimere City, give exact lecetien)
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBU 21 A. ACCIDEN OR CONTRIBU DEATH (netify) 21 D. TIME OF INJURY (APPROX.)	CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF medicel exeminer (Menth) (Dey) (Yeor)	ONTRIBUTING LIED TO THE CONTRIBUTION DITION FOR WHICH OPERATION 21B, PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E, INJURY OCCURRED While At Net White At Work	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF IN CERTIF IN CERTIF IN CERTIF CERTIF IN	YING CAUSES OF DEATH? Boltimere City, give exact lecetion)
EDICAL CERTIFIC	OTHER SIGNIFTO THE DE DISEASE OR CO 19A. DATE OF CONTRIBUTE OF INJURY (APPROX.) 21 L. Certify (APPROX.)	CONDITION lost. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING OPERATION 198. CON WAS PERI T WAS UNDERLYING TING CAUSE OF medicel exemine) (Menth) (Dey) (Yeor)	ONTRIBUTING LIED TO THE CONTRIBUTION DITION FOR WHICH OPERATION 21B, PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E, INJURY OCCURRED White At Net White At Work O attended the deceased from	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF IN OF CERTIF IN CERTIF IN OF CERTIF	YING CAUSES OF DEATH? n Baltimere City, give exact lecetion)
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR (C) 19A. DATE OF OR CONTRIBU' DEATH (netify 121D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING ING CAUSE OF Medicel exemine? (Menth) (Dey) (Year)	ONTRIBUTING TED TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION 21B. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net Why Work Work At Word attended the deceased from d olive on	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	YING CAUSES OF DEATH? n Baltimere City, give exact lecetien)
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUTED TO THE DE DISEASE OR CONTRIBUTED TO THE DEATH (netify DEATH (netify (APPROX.)) 22. I certify that (I) (I) (I) (II) (II) (III) (III) (III) (III) (IIII) (IIII) (IIIIIIII	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACED TO CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF medicel exeminer (Menth) (Dey) (Yeor) That (I) this hospital lost sow the deceose from the couses state.	ONTRIBUTING LIED TO THE CONTRIBUTION DITION FOR WHICH OPERATION 21B, PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E, INJURY OCCURRED White At Net White At Work O attended the deceased from	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	ring causes of DEATH? Baltimere City, give exact lecetion) 17 (aur) aplnian death occurred on the
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR (C) 19A. DATE OF OR CONTRIBU' DEATH (netify 121D. TIME OF INJURY (APPROX.) 22. I certify that (1) (we)	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACED TO CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF medicel exeminer (Menth) (Dey) (Yeor) That (I) this hospital lost sow the deceose from the couses state.	ONTRIBUTING LIED TO THE LIND T	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	YING CAUSES OF DEATH? n Baltimere City, give exact lecetien)
EDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR CONTRIBUTED TO THE DE DISEASE OR CONTRIBUTED TO THE DEATH (netify DEATH (netify (APPROX.)) 22. I certify that (I) (I) (I) (II) (II) (III) (III) (III) (III) (IIII) (IIII) (IIIIIIII	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACED TO CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF medicel exeminer (Menth) (Dey) (Yeor) That (I) this hospital lost sow the deceose from the couses state.	ONTRIBUTING ITED TO THE CONTRIBUTION ORMED 218. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net Why Work At Work At Work d olive on red obove (I) (We) (did) (dId not)	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	ring causes of DEATH? Baltimere City, give exact lecetion) 17 (aur) aplnian death occurred on the
EDICAL CERTIFIC	OTHER SIGNIFT TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF THE DEDISEASE	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACIONAL CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING CAUSE OF medicel exemine? (Menth) (Dey) (Year) That (Withis hospital lost sow the decease from the couses state of the couse of the couses state of the couse of the couses state of the couse of the c	ONTRIBUTING TED TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION TO THE CONTRIBUTION 21B. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net Why Work Wark At Work Of attended the deceased from the dece	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	ring causes of DEATH? n Baltimere City, give exact lecetion) 17 (aur) aplinian death occurred on the course of
EDICAL CERTIFIC	OTHER SIGNIFT TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF THE DEDISEASE	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACIONAL CONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING CAUSE OF medicel exemine? (Menth) (Dey) (Year) That (Withis hospital lost sow the decease from the couses state of the couse of the couses state of the couse of the couses state of the couse of the c	ONTRIBUTING LIED TO THE CONTRIBUTION TO THE CONTRIBUTION ORMED 21B. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net Who work At Work O attended the deceased from the dolive on the doli	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIF	ring causes of DEATH? In Baltimere City, give exact lecetion) 17 (aur) aplinian death occurred on the course of
MEDICAL CERTIFIC	OTHER SIGNIF TO THE DE DISEASE OR OF 19A-DATE OF OR CONTRIBU 21 A. ACCIDEN OR CONTRIBU 22 D. TIME OF INJURY (APPROX.) 22. I certify that (I) (we) and hour and 23A. SIGNATUR 23C. PHYSICIAR NAME (Ty	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELACIONDITION CAUSING I OPERATION 198. CON WAS PERI T WAS UNDERLYING (Menth) (Dey) (Year) That (IF this hospital lost sow the deceose from the couses state MICHAEL A	ONTRIBUTING LIED TO THE CONTRIBUTION DITION FOR WHICH OPERATION 21B. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net What At Work Of attended the deceased from the dolive on the dolive	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIFY IN CERT	YING CAUSES OF DEATH? In Baltimere City, give exact lecetion) A? [aur) aplinian death occurred on the state of the stat
MEDICAL CERTIFIC	OTHER SIGNIFT TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OR CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF CONTRIBUTED TO THE DEDISEASE OF THE DEDISEASE	CONDITION last. II ICANT CONDITIONS CATH BUT NOT RELA CONDITION CAUSING OPERATION 198. CON WAS PERI T WAS UNDERLYING TIME CAUSE OF medicel exemine) (Menth) (Dey) (Yeor) That (Withis hospital lost sow the deceose from the couses state MICHAEL A AATION, 248. DATE pecify)	ONTRIBUTING LIED TO THE CLUMN T. DITION FOR WHICH OPERATION 218. PLACE OF INJURY (e.g., heme, ferm, fectery, street, etc.) (Heur) 21E. INJURY OCCURRED White At Net Why Wark At Work A Work A Work DAVIS Ph DAVIS PAUS A.D. Alph Ph 24C. NAME of CEMETERY of C	20A. AUTOPSY? (Yes or Ne) 20B. IF YE IN CERTIFY IN CERT	23B. DATE SIGNED 23B. DATE SIGNED (City, town, er ceunty)

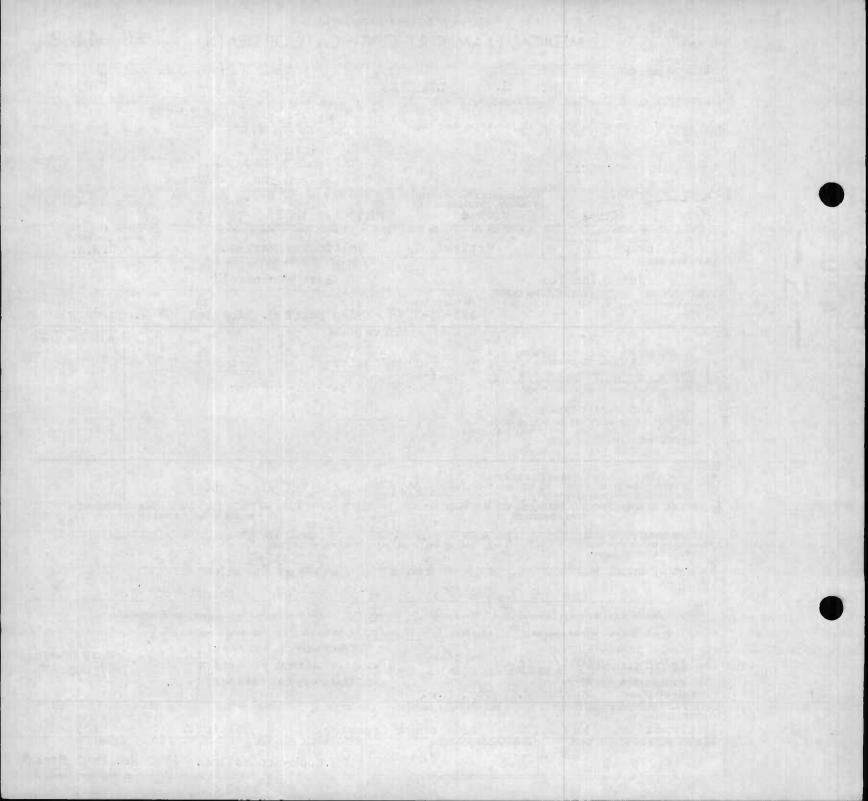
VS 150-REV. 1/1/65

Wm.Cook-Brooks, Inc.

1217 St. Paul Street



IRTH NO. 66 14402 MED		CERTIFICATE OF DEATH Registered No.6 11462
A.E. CASE NO.		
NAME OF DECEASED		2. DATE AND HOUR PRONOUNCED DEAD
GILBER'	T S. LIBERLE	ES May 1, 1966 2:05 A
. PLACE IN BALTIMORE, MARYLAND, W	VHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceosed lived. If institution: residence before admissing A. STATE Maryland
ULL NAME OF (IF NOT IN HOSPIT ADDRESS OR LOCA	AL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
NSTITUTION		Baltimore 78-02
Sinai Hospital		D. STREET ADDRESS (If rural, give locotion) 5525 Gwynn Oak Avenue
Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specily) Widowed	May 17, 1889 9. AGE (In years of Months Days Hours Minday) 76
one during most of working life, even if retired) Salesman	Retired	Baltimore, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Ned Liberle	S	Rosa Rosenfeld
5. WAS DECEASED EVER IN U.S. ARMED		17. INFORMANT ADDRESS
(If yes, give war or date NO	security No. 213-03-5098	Miss Dotti C. Liberles 505 W. University
heart failure, asthenia, etc. It means injury or complication which coused ANTECENDENT CAUSI DISEASES OR CONDITIONS, IF A RISE TO THE ABOVE CAUSE (A) S UNDERLYING CONDITION LAST.	ES ANY, GIVING DUE TO	rdiovascular Disease.
OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RE DISEASE OR CONDITION CAUSING 19A. DATE OF OPERATION 19B. CON WAS PER	ELATED TO THE Phen	nobarbital Intoxication.
19A. DATE OF OPERATION 19B. CONWAS PER	NDITION FOR WHICH OPERATION RFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? Yes
Z1A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	home, form, factory, street. Home	office bldg., INJURY OCCUR? 10 10 10 10 10 10 10 1
21D TIME (Month) (Doy) (Yeo	or) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
(APPROX.) 4 29 1	66 Am. WHILE AT AT	WHILE X Overdose of phenobarbital.
22.	Inquiry Inspection A	utopsy X ond that on this basis, death in my opinion
l certify that I held on I resulted from: Natural co	ouses Accident Suici	ide X Homicide Undetermined monner
ACTUAL SIGNATURE EXAMINER'S	called ling M.	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER S ASSOCIATE MEDICAL EXAMINER S 5/1/66
ACTUAL SIGNATURE EXAMINER'S NAME (Type) ABA, BURIAL CREMATION, 23B, DATE	12	CHIEF MEDICAL EXAMINER D. ASSISTANT MEDICAL EXAMINER ASSOCIATE MEDICAL EXAMINER 5/1/66
ACTUAL SIGNATURE EXAMINER'S NAME (Type) ABA. BURIAL CREMATION, 23B, DATE EMOVAL (Specify)	S S. Petty, M.D. 23C. NAME of CEMETERY	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 5/1/66 ASSOCIATE MEDICAL EXAMINER Or CREMATORY 23D. LOCATION (City, town, or county) (Stote)
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charle BURIAL CREMATION, 23B. DATE EMOVAL (Specify) Cremation May 2	AS S. Petty, M.D. 23C. NAME of CEMETERY 1,1966 Greenmount	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 5/1/66 ASSOCIATE MEDICAL EXAMINER Or CREMATORY 23D. LOCATION (City, town, or county) (Stote) Crematory Baltimore Maryland
ACTUAL SIGNATURE EXAMINER'S NAME (Type) Charle 3A. BURIAL CREMATION, 23B. DATE EMOVAL (Specify)	S S. Petty, M.D. 23C. NAME of CEMETERY	CHIEF MEDICAL EXAMINER DATE SIGNED D. ASSISTANT MEDICAL EXAMINER 5/1/66 ASSOCIATE MEDICAL EXAMINER Or CREMATORY 23D. LOCATION (City, town, or county) (Stote)



3521	BALTIMORE CITY HEALTH DEPARTMENT
75705	MIRTH NO. 66 14463 CERTIFICATE OF DEATH Registered No. 66 134463
and eat ase th th	I. DATE AND HOUR OF DEATH
of deat Of deat Decease e on th	(Type or Print) [1111NGER, JOHN OSCHR 5/1/66. 11.10pm.
	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Wifere deceased lived, Il institution: residence before admission) A. STATE B. COUNTY
hosi ise (5) and dec	FULL NAME OF (If not in hospital or institution, give street address or location) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)
a fraga	PALTIMORE 2/218
ting d cau d cau	(WION MENLEDIAL GOSPITAL D. STREET ADDRESS (If rurol, give location)
od ar	600 E. 80 m Must
occur ontrib ermin regule sased is ma	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Widowed 4/14/33 9. AGE (In years lost birthday) Widowed Win, Win,
	done during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY
or or a sirio	BALT. TRANSIT CO, (RETIRET)) OHIO USA
if death rect or c (4) Under was in the dec	13. FATHER'S NAME
# = P = #	David V. Pittinger Laura M. Rhinehart 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS
istar he d kind deat ce o nal	(Yes, no or un mown) (If yes, give wor or dotes of service) SECURITY NO.
THE THE	213-10-1180 John D. Pittinger 1916 Valley Ro
his a fo, if fan) nced enda d or	DISEASE OR CONDITION DIRECTLY
Also Also e of noun atte	(This does not mean the mode of dying, e.g., DUE TO
ror ro	heart failure, asthenio, etc. It means the disease,
frac frac o p	ANTECEDENT CAUSES (B) Coronary Least account with
A P P P P P P P P P P P P P P P P P P P	DISEASES OR CONDITIONS, if ony, giving
al e x (3)	rise to the obove couse (A) stoling the UNDERLYING CONDITION lost.
lic ns; as	II Put
ELODO	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
chie Bod the ysic	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 199. CONDITION FOR WHICH OPERATION WAS PERFORMED
ph for	U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21 C/ WHERE DID (If in Bolymore City, give exact locotion) OR CONTRIBUTING CAUSE OF A contribution Course of the course of th
- B	DEATH (notify medical examiner) etc.)
hospit nature ept wh d (6) N	21D. TIME (Month) (Doy) (Yeor) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? While At Not While
ove e h r cce cce	Work At Work
apprint the the	22. I certify that (M'(this haspital) attended the deceased from 135/66 19 to 19 to 19 that (I) (we riost saw the deceased alive an 19 and that in (my) (our apinion death occurred on the date
0 0 0 7 7	and hour and from the causes stated oboyers (1) (We) (did port) view the body after death.
dent deat	23A. SIGNATURE
mus elec ccid a ho to to	M.D. Attending Med. Director Phys. 5/1/66
0 0 0 0	23C. PHESICIAN'S GODFREY GEH. 23D. APORESS UNION MEMORIAL HOSPITAL PLAN
E 2	GOVALEY GEH M.B. Unon the for Jo.
E 4000 E	24A. BURIAL CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION (City, lown of county) (Stole)
	Burial 5/5/66 Oak Lawn Cemetery Baltimore, Maryland 25A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REDISTRAR 25C. FUNERAL DIRECTOR ADDRESS
This the show was deco	MAY 2 1966 P. C. & E. College Wm. Cook - Brooks Inc. 1217 St. Paul St. 21202

Wm. Cook-Brooks Inc. 1217 St. Paul St. 21202

VS 150-REV. 1/1/65

, ISO WENTTO

NAME OF THE PARTY OF

3.1

hospital

0

occurred

Ö

assistant

examiner

medical

chief Body

to the hospital

approved

any nature;

An accident of hospital

O

10

D.O.A.

was released

the body

shows: Was

of

cause use; (5)

contributing

canse;

etermined

(4) Und

any

fracture

4

(3)

burns;

direct

regular

-

Was

death

pronounced

ho

physician

the 0

where

(except

uo

attendance

BALTIMORE CITY HEALTH DEPARTMENT 66 04464 CERTIFICATE OF DEATH Registered No. Such M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) EVELYN SHREVE 4/27/66 8: 30Pm. death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) (If outside city limits, write RURAL and give township INSTITUTION 0 BALTIMORE CITY HOSPITALS BALTIMORE prior 4940 EASTERN AVENUE D. STREET ADDRESS (tf rural, give location) BALTIMORE, MARYLAND 609 S. BROADWAY mad 9. AGE (In years 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH If Under 1 Yr. Months: Doys If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) lost birthday 11-27-12 FEMALE WHITE SEPARATED 11-27-12 53 12. CITIZEN OF WHAT COUNTRY? disposition done during most of working life, even if retired) MARYLAND WEST STELL WELDIER the 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME JOHN E WALKER ORA LO 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no prunknown) (If yes, give wor or dates of service) 1009 CAYER DR-SECURITY NO. attendance RECORDS: BCH 4940 EASTERN AVE #21224 N C 18. CAUSE OF DEATH 0 INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY med LEADING TO DEATH (This does not mean the mode of dying, e.g., mbal heart failure, asthenia, etc. It means the disease, Uar injury as camplication which caused death.) ANTECEDENT CAUSES 0 0 re are DISEASES OR CONDITIONS, if ony, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. the remains Was 11 -OTHER SIGNIFICANT CONDITIONS CONTRIBUTING THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSYT (Yes) or No. 208. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION Yes IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED one fore 21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? Ilf in Boltimore City, give exact locotion) OR CONTRIBUTING CAUSE OF °N be DEATH (notify medical examiner) MEDI obtained 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? 9 OF INJURY While At Not While (APPROX.) and Work At Work 22. I certify that this hospital ottended the deceased from that (1) () last sow the deceased alive an be ...and that in (my) (our) opinion death occurred on the date death) and hour and from the couses stoted obove. ((1) (We) (Cid) (did not) view the body ofter death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. 0 Phys. Director approval 23C. PHYSICIAN'S 23D. ADDRESS prior NAME (Type) DR. EMMA WOODY M.D. EASTERN AVENUE #21224 4940 deceased written ap 24A. BURIAL CREMATION, 248. DATE

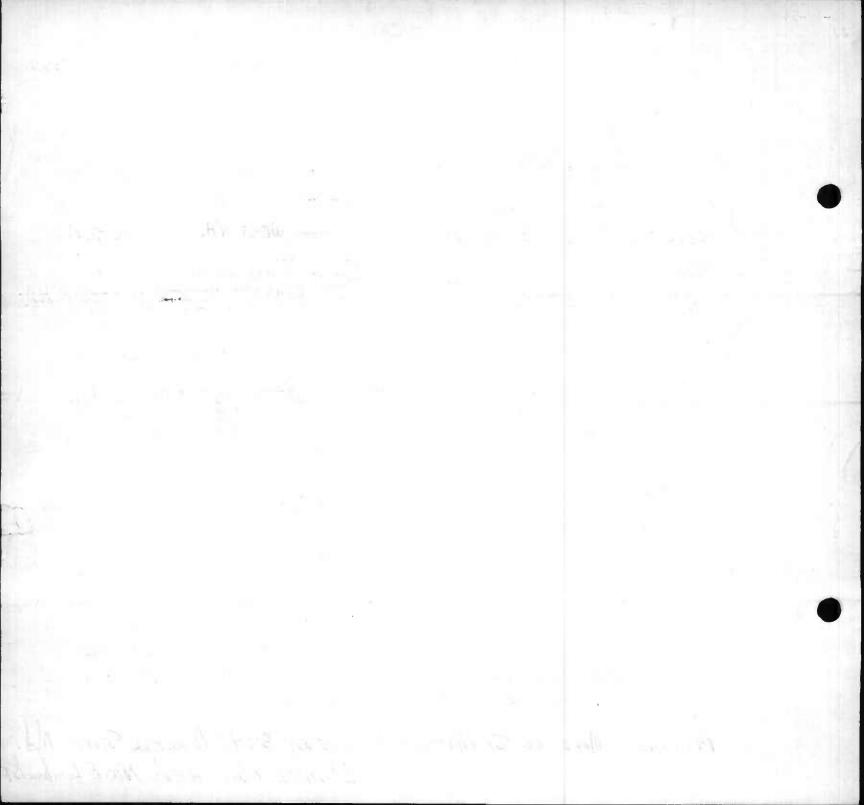
VS 150-REV. 1/1/65

REMOVAL (Specify)

66 ST MATT

24D. LOCATION

(City, town, or county)



Such

occurred in a hospital and

		- O - AAC	BALTIMORE CITY	HEALTH DEPARTMENT	(1)	NAA65			
	BIRT	н но. 66 (1446)	CERTIFICA	TE OF DEATH	Registered No. 6	(34.40)			
		. CASE NO. AME OF DECEASED			HOUR OF DEATH				
		e or Print) ADFIAIDE R.	KOPP	APRIL		6 9:20P			
	3. P	LACE OF DEATH IN BALTIMORE, MARYLAND	No.	4, USUAL RESIDENCE (Where A. STATE 8, COUNT	deceased lived. If institu	tion: residence before admission)			
	١.			AL A	ı	7-05			
	H	ULL NAME OF (If not in hospital or instituti IOSPITAL OR oddress or location) NSTITUTION	on, give street	C. CITY OR TOWN (It outsi	ide city limits, write RUR/	AL and give township)			
	, "	NOTITION		BALTIMA	RF				
1	0	11705 0111001		D. STREET ADDRESS (If ro	rol, give location)				
•	4705 DUNCREST AVE (6)			6424 ROSEMONT AVE					
0	5. \$	EX 6. RACE 7. MARR	NED, NEVER MARRIED WED, DIVORCED (specify)		AGE (In years If Mest birthday)	Under 1 Yr. If Under 24 Hrs.			
E S	FE		DOWED	MAR 10 1899	67				
-	10A.	USUAL OCCUPATION (Give kind of work 108, KINE during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign	n country) 1:	2. CITIZEN OF WHAT COUNTRY?			
0			WE STORES	FRENERICKER	UPG VA	USA			
200	13. [CHECKER ACT	12 10/12	FREDERICKS B	E				
Isposition		RABERT HEEL	117	MARCHOE	TAVER				
0	15. \	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	MARGARE 17. INFORMANT	DIEN	ADDRES5			
0	(Yes	no or unknown) (It yes, give war or dates of servi	1.60						
F	_	18.	CAUSE O	GEORGE H. K	OPP 40095	INTERVAL BETWEEN			
Ö		DISEASE OR CONDITION DIRECTLY				ONSET AND DEATH			
0		LEADING TO DEATH		arcinomistose	16 -moulen				
palme		(This does not meon the mode of dying, e.g., DUE TO							
		heart failure, asthenia, etc. II means the disease, injury or complication which coused death.)							
E		ANTECEDENT CAUSES							
010	DISEASES OR CONDITIONS, if ony, giving								
	rise to the obove cause (A) stoting the (C) UNDERLYING CONDITION last.								
		II.							
remains	Z	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
7.0	ATI	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
the	FIC	19A. DATE OF OPERATION 19B. CONDITION F	208. IF YES, WERE FINE	OINGS CONSIDERED 5 OF DEATH?					
0	ERTIF	0							
erore		21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	21B. PLACE OF INJURY (e.g., in home, form, foctory, street, of	fice bldg., INJURY OCCUR?	(If in Baltimore Ci	ty, give exact location)			
Ω	U	DEATH (notily medical examiner)	etc.)						
0		21 D. TIME (Manth) (Day) (Year) (Hour) OF INJURY	21 E. INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?				
ained	<	(APPROX)	While At Not While At Work			1			
0		22. I certify that (I) (this hospital) attended	ed the deceased from	10 19	165 10 4	130 1966			
0		that (I) (we) lost sow the deceased alive	on 4 2	9 19 66 and that	t in (my) (aur) opinio	n death occurred on the date			
٠		and hour and from the causes stated above	e. (1) (We) (did) (did not) v						
must		23A. SIGNATURE	1		23	B. DATE SIGNED			
		Taul & Truell	M.D. Atte		Statt Phys.	5/2/66			
>		23C. PHYSICIAN S NAME (Type)		23D. ADDRE55	,	1-7-7-			
0		DRIPAUL G NO UELLE	R M.D.	Cill DELA	p Rn p	ALTIMONT ACO			
approval	24A	BURIAL CREMATION, 248, DATE 24	C. NAME of CEMETERY OF CRE	EMATORY 24D. LO	CATION (City,	lown, or county) (State)			
		REMOVAL (Specify)							

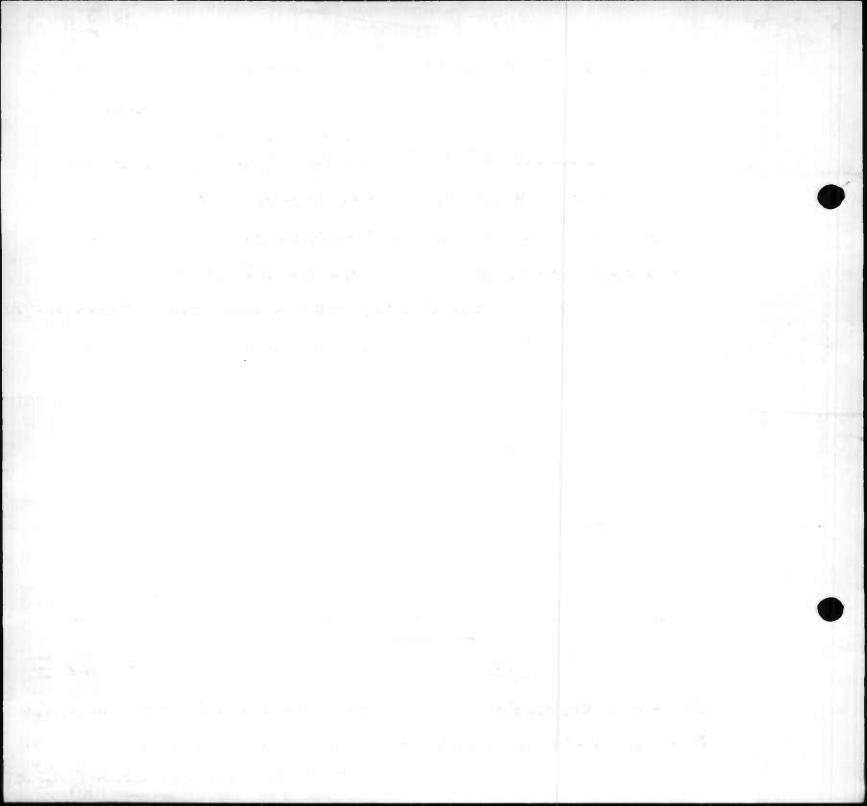
RIAL MAY
REC'D BY HEALTH DEPT.
AY 2 1966 1966 GARDENS 258. NAME OF REGISTRAR OF MAY

FAITH TRUMPSMILL RD

V\$ 150-REV. 1/1/65

BROSINC. 7110 BELAIR

MU

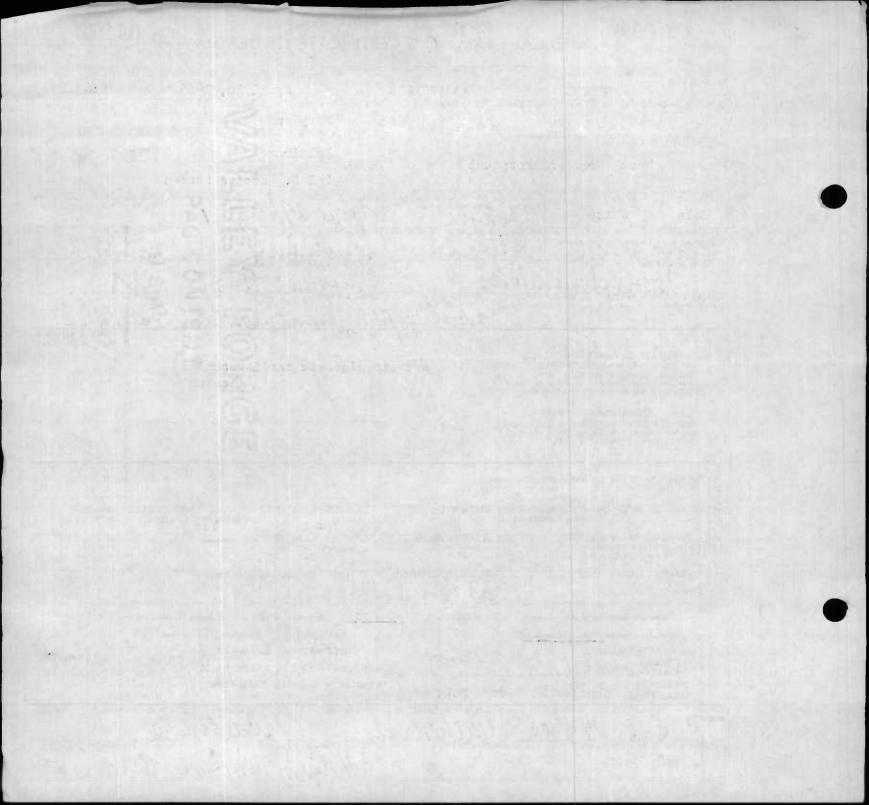


1001	BALTIMORE CITY HEALTH DEPARTMENT	
75795	MIRTH NO. 66 14466 CERTIFICATE OF DEATH Registered No. 114486	
	1 NAME OF DECEASED	
de de cea	(Type or Pant) ARCher FOWLKES 4/30/66 / 4/30/66	Эм.
± 600 ±	3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Maryland As STATE B. COUNTY	sion)
	FULL NAME OF HOSPITAL OR oddress or locotion) (II not in hospito) or institution, give street oddress or locotion) (C. CITY OR TOWN (If outside city limits, write RURAL and give township)	
se; se;	INSTITUTION JOANS HOPKINS HOSPITAL Baltimore	
ting d cau	D. STREET ADDRESS (If rurol, give locotion)	
buti buti lar lar bde,	1516 East \$Lanvale Street 15. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24	U.s.
h occurred in contributing termined ca regular at regular at ceased prior	MALE LEGROF MARRIED (specify) 10-11-15 lost birthdoy) D Month's Doys Hours Mi	7.
	10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?	
P - P E	Stal war Red " Ma.	
4 2 3 4 6	14. MOTHER'S MAIDEN NAME	
dire d; (4 1th on t	Grief Fowlkes Nannie Freeland 15. Was Deceased Ever in U. S. Armed Forces? 16. SOCIAL 17. INFORMANT ADDRESS	
sister the kin dea	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. 216-09-5489 Ella, M. Fourles 1516 Etauna	95
- 0 13 0	18. CAUSE/OF DEATH INTERVAL BETWEEN ONSET AND DEATH	
E 0 - E 0 D	DISEASE OF CONDITION DIRECTLY LEADING TO DEATH (A) PULMONARY Embolue-Recognist 11 day	
	(This does not mean the mode of dying, e.g., heart foilure, asthenio, etc. It means the disease, parties of the unknown	4
ner. actu pro ular mba	injury or complication which caused death,)	
A free	ANTECEDENT CAUSES (B) PARMOCOCCAL EMPRMA 6 WEEKS	ł
exa exa (3) A in v	DISEASES OR CONDITIONS, if any, giving rise to the obove cause (A) stating the (C) UNDERLYING CONDITION lost.	
		_
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
dy le plicia	TO THE DEATH BUT NOT RELATED TO THE Y DISEASE OF CONDITION CAUSING IT. 194 DATE OF OPERATION 198 CONDITION FOR WHICH OPERATION 208. AUTOPSY? (Yes of No.) 208. IF YES, WERE FINDINGS CONSIDERED	_
ch th th	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact locothon)	
the (2)	OR CONTRIBUTING CAUSE OF home, form, factory, street, office bldg., INJURY OCCUR?	
d K T P	D 21D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?	
2 L V T H	OF INJURY (APPROX.) While A1 Not While A1 Not While A1 Work	
bra x x bra	22, I certify that (1) (this hospital) attended the deceased from 3/19 19 66 to 4/30 19 6	۲.
F 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	that (I) (we) lost sow the deceased alive an 4/30 19 66 and that in (my) (our) opinion death occurred an the	dote
0 T + + + +	and have and from the causes stated abave. (1) (We) (did) (did not) view the bady after death. 23A. SIGNATURE	
SO DO E	M.D. Attending Med. Stoff	
a a co		
was r was r A. at a prior	Leonard J. Quadian M.D. The Johns Hopkins Hospital	
E O D B	24A. BURIAL CREMATION, 24B. DATE 24C. NAME al CEMETERY of CREMATORY 24D. LOCATION City, town, or county) (Store REMOVAL (Specily)	(e)
	Burial May 5/66 Malle Mall Com. 550/ Fredrick an	
This certif the body shows: (1) was D.O./ deceased written a	MAY 2 1968 P. 258. NAME OF REGISTRAL 2SC. FUNERAL DIRECTOR ADDRESS	
	VS 150-REV. 1/1/65	

BALTIMORE CITY HEALTH DEPARTMENT

	BALTIMORE CITT H	EALIN DEPAKIMENT		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MEDICAL	EXAMINER'S	CERTIFICATE	OF DEA	TH Registered No

66 (14467	BALTIMORE CITY HEAD	LTH DEPARTMENT	63	s 04467			
BIRTH NO.	MED	BALTIMORE CITY HEAD	ERTIFICATE OF	DEATH Register	d Na.			
M.E. CASE NO.								
(Type or Print)		PAIMTLIED		ND HOUR PRONOUNCES				
3. PLACE IN RAL	GEORGE	BAUMILLER WHERE PRONOUNCED DEAD		il 30, 1966	2:40 P M.			
or tender in artis	The state of the s	THE TROTTO ON CLE DEAD	A. STATE Maryland	B. COUN	ITY			
FULL NAME OF	(IF NOT IN HOSPIT	TAL OR INSTITUTION, GIVE STREET	C. CITY OR TOWN (II outs	ide corporate limits, write	RURAL and give township)			
INSTITUTION			Baltimore		1-05			
C1	nurch Home an	id Hospital	D. STREET ADDRESS (If rure					
				adeira Street				
5. SEX	6. RACE	7. MARRIED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.			
Male	White	WIDO WED, DIVORCED (specify)	COPYLL 291/	Solost birthday)	Months Doys Hours Min.			
		108. KIND OF BUSINESS OR INDUSTRY	111. WRTHPLACE (Stote, de fore		12. CITIZEN OF			
done during most of	working life, exen if retired)	without	Maitimus	0	WHAT COUNTRY?			
13. FATHER'S NAM		1 2000 0000	14. MOTHER'S MAIDEN NAM	MB /	00.07/1			
to	My Driv	miller.	Mulasot	HAST				
	D EVER IN U.S. ARMED		17. INFORMANT	14000	ADDRESS 1200			
(Yes, no or unknown	(If yes, give wor or date	es of service) SECURITY NO.	19175 John B	1100 6	B. Ydont			
11B /		216-01-2074	OF DEATH	unulle (INTERVAL BETWEEN			
4-06	- 1		OF DEATH ,		ONSET AND DEATH			
DISEA	SE OR CONDITION DI	RECTLY Amen	ingolomotic comi	liovegouler				
(This does	(This does not mean the mode of dying e.g.,							
injury or co	mplication which coused	death.)		disease				
	ANTECENDENT CAUSES							
DISEASES	DISEASES OR CONDITIONS, IF ANY, GIVING (B). DUE TO							
UNDERLYII	RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.							
Z	(C)							
ATIES SIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
O THE	DEATH BUT NOT RE	LATED TO THE						
	R CONDITION CAUSING	G IT	20A. AUTOPSY? (Yes or No	JOOD IE VEG WEGE EINI	DINGS CONSIDERED			
E CONTROL		REFORMED	Yes	IN CERTIFYING CAUSE				
ZIA, EXTERNA	L CAUSE WAS	21B. PLACE OF INJURY (e.g.,		Uf in Boltimore City give	exact location)			
	OR CONTRIB-	home, fam, factory, street, etc.)	office bldg., INJURY OCCUR?	51,111.0.0 -51,7, 9.70	CAUCH TOCONOM			
E 21 D TIME								
OF INJURY	(Month) (Doy) (Yeo		21F. HOW DID IN.	JURY OCCUR?				
		m. WHILE AT NOT AT W	WHILE ORK					
22.	tify that I held on I	Inquiry Inspection Aut	topsyk ond that on t	his basis, deoth in my	opinion			
resul	ted from: Notural co			Undetermined manner	_			
		social social	CHIEF MEDICAL E					
ACTUA	1 (1)	1. 1/5			DATE SIGNED			
SIGNAT		M.D.	ASSISTANT MEDICAL E		5/1/66			
HAME (· ('h n 20 n 0	S. Petty, M.D.	ASSOCIATE MEDICAL E	EXAMINER				
23A. BURIAL CRE	MATION, 23B. DATE /	23C, NAME of CEMETERY of	or CREMATORY 23D.	LOCATION (City, 1	own, or county) (State)			
REMOVAL (Specifi	0 4/4/	66 Voitherland	. (Baltan	17			
24A, DATE REC'D	RY HEALTH DEPT	1248 NAME OF REGISTRAD	DAC EMMERAL DIRECTO	sucomn	ADDRESS (1/) H			
AA AV	1000	ZAUS NAME OF REGISTRAK	24G FUNERAL DIRECTO	K (C.	ADDRESS 2 (2 4			
WHI	2 1966 GE	Jas E. FarleyMa	Thurs Her	uri Jew	Calicino ST			
VS 151-REV. 1/1/	65			7				



death assistant if IMPORTANT or his the chief medical examiner FUNERAL DIRECTOR:

the

no

ance eat

attend 0

regular

5

Mas

death LO

pronounced

who

physician the remains

the 0

ere

(except

kind;

of

fracture

4

3

Body

3

nature; ×hi

any

of hospital must

shows: (1) An accident

Such

TO

prior

deceased

the 4

attendance any

regular

E

physician was

°N

9

and

death);

0

prior to

eceased

decease Was

O

D.O.A.

approval

before

obtained

final

0

embalmed

are

made.

(5) Deceased

CGUSO

Undetermined cause;

contributing occurred

OF

Also,

examiner.

medical **burns**;

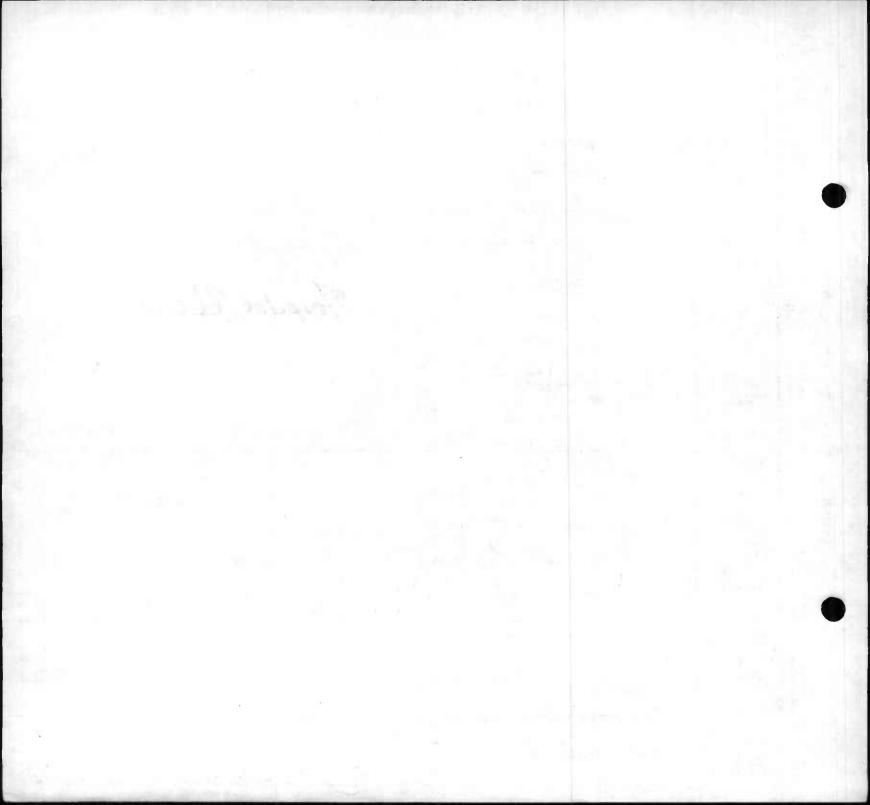
he body was released to the hospital by

approved

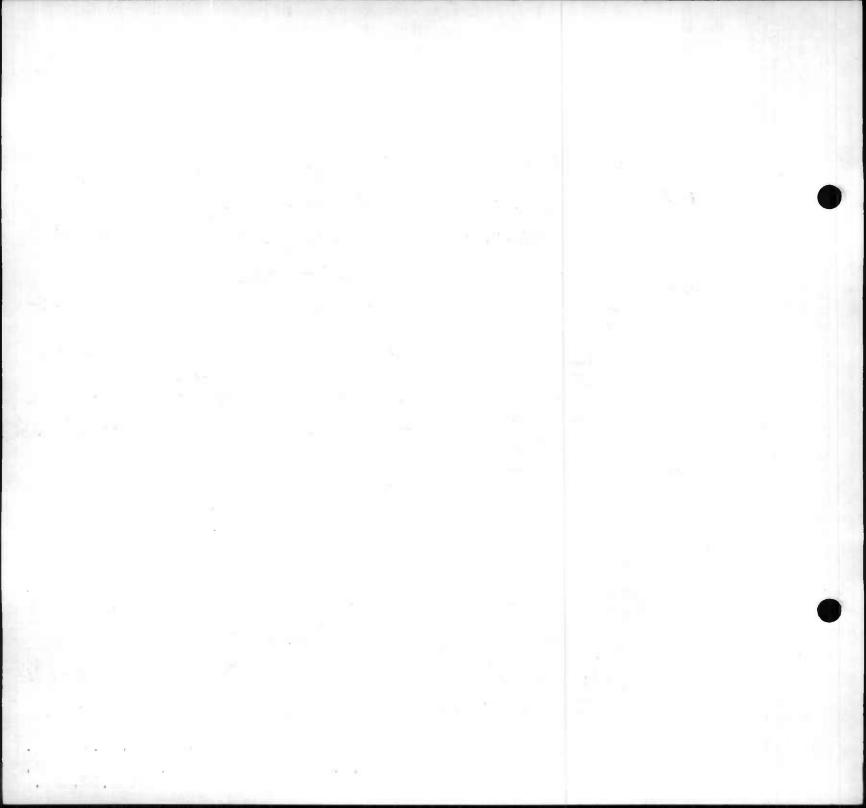
certificate must

hospital

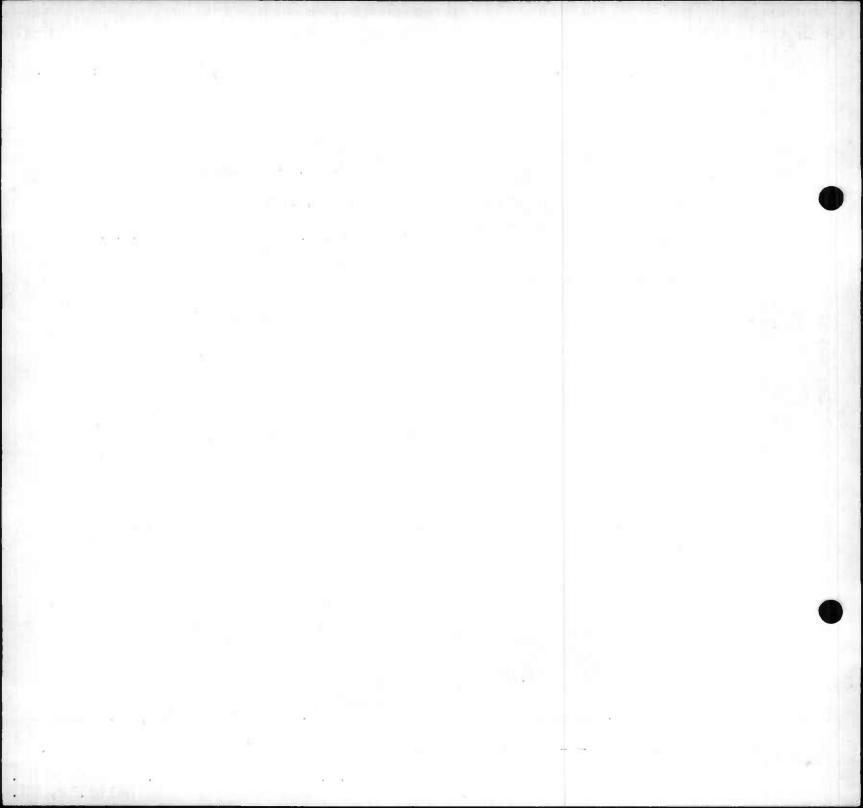
BALTIMORE CITY HEALTH DEPARTMENT Registered No.6 66 04468 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. 2. DATE AND HOUR OF DEATH (Type or Print) 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased A STATE B. COUNTY lived. If institution: residence before admission) BALTIMORE md (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL LTIMORE HOSPITAL MERCY (If rural, give location) D. STREET ADDRESS 24 CLVIDERE 5. SEX 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. Months: Doys If Under 24 Hrs. Hours WIDOWED, DIVORCED (specify) lost birthdoy MARRIED 10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country 12. CITIZEN OF disposition WHAT COUNTRY? done during most of working life, even if retired) USA one 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME MARSHALL ARLES 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of service) 17. INFORMAN ADDRESS 16. SOCIAL SECURITY NO 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease, injury or camplication which caused death.) ANTECEDENT CAUSES DUE TO DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stoling the UNDERLYING CONDITION lost CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 198, CONDITION FOR WHICH OPERATION 19A, DATE OF OPERATION WAS PERFORMED ONC 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home. lorm. factory, street, alfice bldg., INJURY OCCUR? (II in Boltimore City, give exact facation) MEDICAL DEATH (notify medical examiner etc.) 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) Work At Work 4-25-66 22. I certify that (1) (this haspital) attended the deceased fram 66 that (1) (we) last saw the deceased alive an 19 and that in (my) (our) opinion death occurred on the date and haur ond from the causes stated obave.((1) DWe)((did) (did not) view the body after deoth. 23A, SIGNATURE 23 B. DATE SIGNED Attending Phys. Stolf Phys. M.D. Med. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type EldoN M.D. AWBAKER HERCY 105PITAL. 24A. BURIAL CREMATION. 24C. NAME of CEMETERY or CREMATORY 24B. 24D. LOCATION REMOVAL (Specify) 25A. DATE REC'D HEALTH DEPT 258. NAME OF REGISTRAR 250 UNERAL DIRECTOR ADDRES VS 150-REV, 1/1/65



		BALTIMORE CITY	HEALTH DEPARTMENT				
	кти но. 66 (14469)	CERTIFICA	TE OF DEATH	Registered No.	04469		
1.1	E. CASE NO. NAME OF DECEASED			AND HOUR OF DEATH		07	
	(pe or Print) GIESE MRS NA	DMI E	YORY	4-30-190	6 91	M.	
3.	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. CO	Vhere deceased lived. If insti DUNTY	lution: residence before od	lmission)	
11	FULL NAME OF (If not in hospital or institution, give HOSPITAL OR oddress or location)	street	C. CITY OR TOWN (III	outside city limits, write RU	RAL ond give township)		
1/			BALTIC	MORE			
11	MONTEBELLO STATE +	PASDITAL	D. STREET ADDRESS	(If rural, give location)	AUF		
5.	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED		8. DATE OF BIRTH	9, AGE (In years	If Under 1 Yi. If Under Aonths: Doys Hours		
	To W MAR	CORCED (specily)	8-4-1898	67	Aonths Doys Hours	Min.	
t0/	A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSING during most of working life, even if retired)	SINESS OR INDUSTRY	11. BIRTHPLACE (State of	foreign country)	12. CITIZEN OF WHAT COUNTRY?		
	HOUSE	BALTIM	ORE, MD.	16.5.A			
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME			
	J.K.B. EMORY		LDA K	MECIA AL	LISON		
15. (Ye	. Was Deceased Ever in U. S. Armed Forces? / 16. es,no or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS		
	NO -		MRILES C	GIESE (1+4)	spand) Si	15	
	18. 4 201/1	CAUSE OI	DEATH		ONSET AND DEA		
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	4	INTT TAIR	1/1814	11	20	
	(This does not mean the mode of dying, e.g., heart failure, astheria, etc. It means the disease,	DUE TO	are spipe	CLISM RAL, XPULM	SISPA 2		
	injury or complication which coused death.)		OS POSTOJI	VIL IX FUICING			
	ANTECEDENT CAUSES	(B) DUE TO	YOCARDIAL	INTARETION	CUNENC	WN	
	DISEASES OR CONDITIONS, if ony, giving lise to the obove couse (A) stoting the	(c) AR	EDINSC / ZA	TIC C-V. D	ISTACE (in	NHIO	
	UNDERLYING CONDITION lost.	10,	EN CONTRACTO		DENSE CUI	אטאאי	
z	II CANADA CONTRIBUTING	7:31					
ATIO	TO THE DEATH BUT NOT RELATED TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	PA	RAPLEGIA		ABOUT 3	VERP	
U	19A. DATE OF OPERATION 198. CONDITION FOR WHILE	CH OPERATION	20A. AUTOPSY? (Yes or		DINGS CONSIDERED	/ CAIN	
ERTI	WAS PERFORMED		yes	IN CERTIFYING CAUS	Vo		
AL C	OP CONTRIBUTING CAUSE OF	CE OF INJURY (e.g., in orm, foctory, street, of	or obout 21C WHERE DIE	(If in Boltimore C	ity, give exact location)		
0							
MED	OF INJURY	Not While		INJURY OCCUR?			
	Work	☐ At Work	215	11	- 7	-1-1-	
	22. I certify that (I) (this haspital) attended the deceased fram 7 - 24 - 1966 to 4 - 30 1966, that (I) (we) last saw the deceased alive an 4 - 30 1966 and that in(my) (four) applian death occurred an the date						
					an death occurred an t	the date	
	and haur and from the causes stated abave. (I) (We) (did nat) view the bady after death. 23A. SIGNATURE						
	Las II Agi	M.D. Atte	nding Med. Director	Stolf	14. 20	194	
	23C. PHYSICIAN'S		. Director 3D. ADDRESS	Phys.	7-30-	100	
	NAME (Type) Z/A) 4. PA	AK M.D.	MANTERT	CHTY	HASDITA	-1	
24	A. BURIAL CREMATION, 248. DATE 24C. NAME	of CEMETERY of CRE	MATORY 24E	LOCATION (City,	town, or county)	(Stote)	
	REMOVAL (Specify) Burial 5/4 1966 Park	wood	P	arkville, Ba	lto Go	Md.	
25	A. DATE REC'D BY HEALTH DEPT. 258. NAME OF R	EGISTRAR	25C. FUNERAL DIREC	S & Sons Co.	LOOF ADDRESS	-	
	MAY 2 1966 R.O. R. E. Far	Court A	n.w.Jenkin	s or sons co.	Balto 12. M	Rd.	
VS	150-REV. 1/1/65	*					



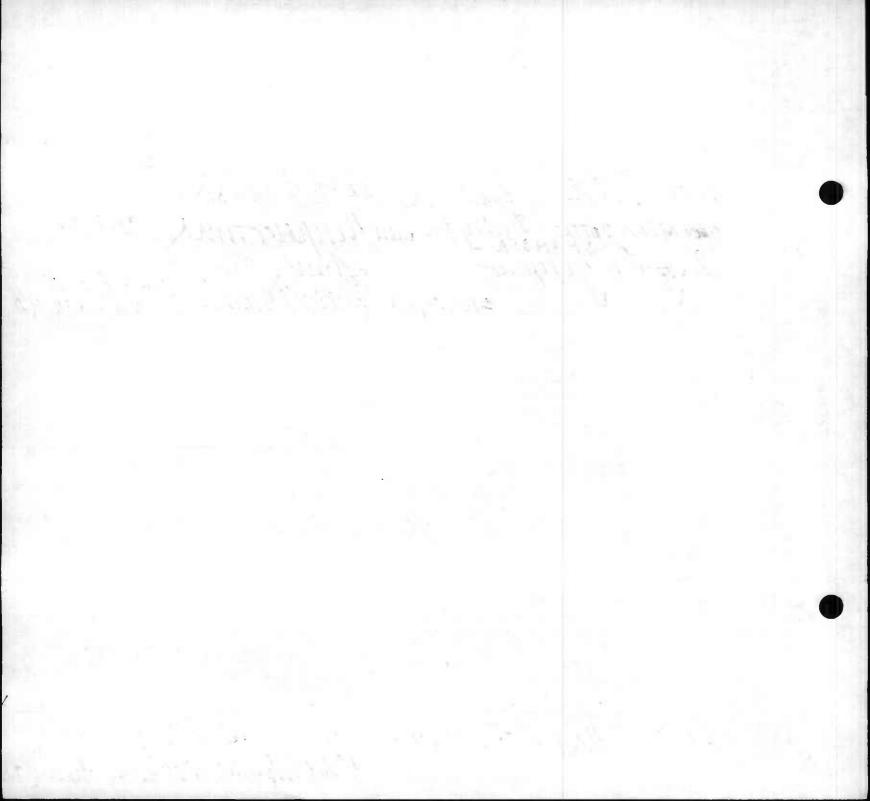
				Y HEALTH DEPARTMENT	f:	6 04470
BIRTH NO.	66 (14470	CERTIFICA	TE OF DEATH	Registered No.	0 04470
M.E. CASE	NO. F DECEASED				AND HOUR OF DEATH	
Type or Pri	nt)					111./16 A AA
PLACE C	iller, Lloyd O. DE DEATH IN BALTIMORE, MA	RYLAND		4. USUAL RESIDENCE (W	tere deceased lived. If i	nstitution: residence before admission)
				A. STATE B. COL	INTY	
FULL NA			give street	Marylan	d	
INSTITUT		1117		C. CITY OR TOWN (IF	outside city limits, write	RURAL and give township)
5,				Baltimore D. STREET ADDRESS	If much since leasting)	3-01
	Keswick			D. STREET ADDRESS	it ruroi, give iacotiani	1
				700 W. 40t		
. SEX	6. RACE	7. MARRIEL WIDOWI	D, NEVER MARRIED ED, DIVORCED (specify)	B, DATE OF BIRTH	9. AGE (In years last birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Haurs Min.
Mal		Marri		April 3, 1882	84	
OÀ, USUAL	OCCUPATION (Give kind of wor mast af working life, even if retired)	Mercha	of BUSINESS OR INDUSTRY	1 11, BIRTHPLACE (State or fo	reign country)	12. CITIZEN OF WHAT COUNTRY?
			s Transportat:	ion Balto.		U.S.A.
3. FATHER	rical Agent	TILITEL	5 Itansportat.	14. MOTHER'S MAIDEN N	AME	
	7,7					
De	catur Howard Mil	1er	13 / 22	Agnes Owe	ns	ADDRESS
5. Was De Yes, na aru	catur Howard Mil coased Evel in U. S. Armed Fa nknown) (If yes, give wor or date	es of service	1 6. SOCIAL SECURITY NO.	17. INFORMANT	A . 1	ADDRESS . /
Yes	World War I			Elizabeth 1	7. Ollonsick	R. M Keswick
18. //	22/14-1	27 Y	CAUSE	OF DEATH	, and the same	INTERVAL BETWEEN
	DISEASE OR CONDITION DI	RECTLY		. (' 0		ONSET AND DEATH
	LEADING TO DEATH		(A) Clade	crusclerate Car	dinoscular la	DOM
	does not mean the made of failure, asthenia, etc. It means			9 090 0 m n in 1976 9-04 (1995 0 m 0 0 0 m 0 m 10 mma annan mma anna		
	or complication which coused			101	1 1' 1	21/2 000
	ANTECEDENT CAUSES	S	(B) 0/	d Lerenso- Cascul	or Accedent	3/2913
DISEA	SES OR CONDITIONS, if	ony nivin	DUE 10	d Grebro- vascul Latic Adendearce.	1	2/2 grs
rise	to the obove couse (A)		e (c) Pros	totic Adenocarce	vaua-operate	d 5415.
UNDE	RLYING CONDITION lost.				,	
7	11					
	SIGNIFICANT CONDITIONS (
	SE OR CONDITION CAUSING	IT.		TOO A ALIZONOVA (V	Nall 208 IF was livens	FINDINGS CONTRIBER
19A.D/		REORMED	WHICH OPERATION	ZUA. AUTOPSY? (res dr	IN CERTIFYING CA	FINDINGS CONSIDERED AUSES OF DEATH?
19A.D/ 21A. A	CCIDENT WAS UNDERLYING	101	D. DI. A.O.F. O.F. (MILLIAN /	in an about 21 C WHERE DID	(16 in Belsima	re City, give exact location)
OR CO	NTRIBUTING CAUSE OF	ha	me, form, factory, street,	in ar about 21C. WHERE DID office bldg., INJURY OCCUR?	(ii in sqiima	re City, give exact lacaman/
U	(natify medical examiner)	et	c.)			
OF INJ		(Hour) 21	E. INJURY OCCURRED	21F. HOW DID II	NJURY OCCUR?	
(APPRO			/hile At Wh			
22 1	ertify that (1) (this hospita			16 De	1963 10 3	9 Apr 1966
) (we) lost sow the deceos			ba-M		inion deoth occurred on the dote
						inion deoth occurred on the dot
	our and from the causes sta	ted obove.	(I) (We) (did) (did not)	view the body ofter deoth	٦.	
23 A. SA	GNATURE				- e. u	23B, DATE SIGNED
	curry D. +	Thords	M.D. At	ys. Med. Director	Stoff Phys.	29 Spr 1966
23C, PH	IYSICIAN'S AME (Type)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		23D. ADDRESS		
		1	M.D	700 ** /0:	- Ot 1	
24A. BURIA	Aubrey D. Richar	dson 24C.I	NAME of CEMETERY of CI	700 W. 40t	h Street Ba	Ito Md. 21211 City, town, or county) (Stote)
REMO	VAL (Specify)					
Buri			eenmount		Baltimore	Md.
DA. DATE	MAY 9 1066	258. NAME	OF REGISTRAR	25C. FUNERAL DIRECT		
	1300 (16	FRUT C	. Failey MA	H.W.Jenki	ns & Sons	Co. 4905 York Rd
VS 150-REV	/ 1/1/65					Balto 12. Ma



		BALTIMORE	CITY	HEALTH	DEPARTMENT
--	--	-----------	------	--------	------------

		C.C. 1	1 A	A	71
Registered	No.	00 1	34	4	1

	TH NO. 66 1344	71 CERTIFICA	TE OF DEATH	Registered No.	0 114471
1. N (Ty)	De or Print) ARTHUR-D	- UPPERCO	Ap	RIN 26, 19	166 1/15 Pm.
	PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE B. COUN		Jution: rosidonco beforo admission)
	FULL NAME OF (If not in hospital or institution) (If not in hospital or institution) (If not in hospital or institution)	on, give street	C. CITY OR TOWN (If our	sido city limits, write RU	RAL and give (granship)
	7 Mars 14	20	D. STREET ADDRESS (II	rupol, give location	lal XB
5. 5		HED, NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	If Under 1 Yr. , If Under 24 Hrs.
1	Vell Service	WED, DIVORCED (specify)	JKP1-13-188	Day Sinhyosy	Aonths Doys Hours Min.
	USUAL OCCUPATION (Give kind of work 108, KING during most of working life, even if retired)	OF BUSINESS ORTHOUSTRY	11. BIRTHPLACE (State or force	gn country)	12. CITIZEN OF WHAT COUNTRY?
17	FATHERS NAME EXCHANCE	2 - January	14. MOTHER'S MAIDEN NA	ME MALE	0.0.71
15.	Was Deceased Ever in U. S. Armed Foyles?	1 6. SOCIAL	17. INFORMANT	MITTEN	(LABOURSS / ATT
(Yo	s, no a unknown) (If yes, give war or datas of sarvi	SECURITY NO.	Wastin 1.1/1	Inhuer"	DELATOMA
	18. 4 20,11	CAUSE O		7.57	INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	(A) pe	obable ace	ite MI	@ least 2 hes
	(This does not mean the made of dying, heart failure, asthenia, etc. It means the dise injury ar camplication which caused death.)	e.g., DUE TO	obable ace		
	ANTECEDENT CAUSES	(B) DUE TO	JCUD		
	DISEASES OR CONDITIONS, if any, gives to the abave cause (A) stating UNDERLYING CONDITION last.				
ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.	TING THE ANGLE	norutes		
ERTIFIC/		OR WHICH OPERATION	20A-AUTOPSY? (Yes or No	208. IF YES, WERE FIN IN CERTIFYING CAUS	DINGS CONSIDERED
AL CE	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (notify modical exeminer)	21 B. PLACE OF INJURY (e.g., in home, form, foctory, stroet, of etc.)	free bidg., INJURY OCCUR?	(If in Boltimore C	lity, give exact location)
MEDIC	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY	21E INJURY OCCURRED	21F. HOW DID INJ	URY OCCUR?	
<	(APPROX.)	While At Not While At Work	Aseu 21	And And	11 27 17
	22. I certify that (1) (this hospital) attended that (1) (we) last saw the deceased alive	7	19 66 and the	ot in (my) (our) opinio	in death accurred an the date
	and haur and fram the causes stated above	e. (1) (We) (did) (did nat) v			
	23A. SIGNATURE	Gelles M.D. Atte	mding Mod. Director	Stoff Phys.	4/26/66
	23C.PHYSICIAN'S NAME (Typo)	M.D.	23D. ADDRESS	1 - Bai	-)n.(
244	BURIAL CREMATION, 248, DATE 240	C. NAME of CEMETERY OF CRE	MATORY 24D. LA	CATION City.	town, or coupty) (State)
250	DRIAW HANGE 1258, NAM	LOTDON-DA	RKCEMETER	Waltin	ADDRESS ADDRESS
	MAY 2 1966 (R. G. G. G.	3 FallenMA	XX ON MI	hect 1300	Estar Place 117
VS	150-REV. 1/1/65		1)		



					BALTIMORE CIT	Y HEALTH DEPARTMEN		
	H NO.	6	6 04	472	CERTIFICA	TE OF DEAT	H Registered	Not 114472
I.N	AME OF DECEA						TE AND HOUR OF DE	
				B. Wi	lson	Apr	ril 30, 19	d. If institution: residence before
3. 1	LACE OF DEAT	H IN BALTIMO	ORE, MARY	LAND		A. STATE B.	(Where deceased lived COUNTY	d. If institution: residence before
	ULL NAME OF			institution, q	give street	Maryland) [] [
	HOSPITAL OR NSTITUTION	oogress	or location)					write RURAL and give township
1		1,1,7,7	Unde	rwood	Road	D. STREET ADDRESS	(If rural, give locatio	on)
V		44	01140			4411 Und	erwood Roa	ıd
	F	RACE W		Wid	NEVER MARRIED D, DIVORCED (specify) OWED	8. DATE OF BIRTH 9/7/1885	9. AGE (In years lost birthdoy)	If Under 1 Yr. If Un Months Doys Hours
	USUAL OCCUP			OB, KIND OF	BUSINESS OR INDUSTRY	11. BIRTHPLACE (State of	ar foreign country)	12. CITIZEN OF WHAT COUNTRY?
,011	Housew			Own	Home	Virgini	la	U.S.A.
13.	FATHER'S NAME					Virgin:	NAME	
C	harles 1	L. Bar	eford			M.	Franklin	1
15.	Was Deceased E	ver in U. S. A	rmed Force	ol service)	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
. 0	No	. yes, give we	o. or doles	J. 361VICE/	SECURITI NO.	Mrs.Arthu	r P. Bond	(Same)
	1B. / G	27-1			CAUSE	OF DEATH	- 2 0 20120	INTERVAL BET
	1 7 7	OR COMPLE		CTLV			1	ONSET AND
	DISFASE		DON DERF	L. III I				
	(This does natheart failure, as injury or complement of the DISEASES OR	mean the restriction which the technical street of the	DEATH made of d II means It n coused d CAUSES NS, if an	dying, e.g., he disease, leath.)	DOE 10			Week materis Mon
Z	(This does not heart failure, as injury or compl At DISEASES OR rise to the UNDERLYING	EADING TO mean the r sthenia, etc. I icotion which NTECEDENT CONDITION Obave caus	DEATH made of d II means It n coused d CAUSES NS, if an ise (A) s last.	dying, e.g., he disease, leoth.) ny, giving slating the	(C)	bdomine (mates s Mon
ATION	(This does not heart failure, as injury of complement of the DISEASES OR rise to the	EADING TO mean the r sthenia, etc. I ticotion which NTECEDENT CONDITION Obave caus CONDITION II CANT CONDI	DEATH made of d II means It n coused d CAUSES NS, if an ise (A) s last.	dying, e.g., he disease, leoth.) ny, giving stating the	(C)			
RTIFICATION	(This does not heart failure, as injury or complement of the compl	mean the rishenia, etc. I icolion which NTECEDENT CONDITION CANT CANT CANT CANT CANT CANT CANT CAN	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last.	dying, e.g., he disease, leath.) ny, giving stating the NTRIBUTING ED TO TH	(C)			were findings considered g causes of death?
CAL CERTIFICATION	(This does not heart failure, as injury or complement of the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR C	MAS UNDER	DEATH made of d It means it n coused d CAUSES NS, if an ise (A) s last. ITIONS CO OOT RELATI. AUSING IT. 19B. CONDI WAS PERFO RLYING E	dying, e.g., he disease, secth.) ny, giving stating the NTRIBUTING TO TH	G WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, center)	20A. AUTOPSY? (Yes	or No) 208. IF YES, VIN CERTIFYING	
EDICAL CERTIFIC	(This does not heart failure, as injury or complete the c	MAS UNDER	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITIONS CO OIT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING E OF	dying, e.g., he disease, secth.) ny, giving stating the DNTRIBUTING ED TO TH ITION FOR \ 218. hometc.)	G WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, center)	20 A. AUTOPSY? (Yes in or about 21 C. WHERE (office bidg.,	or No) 208. IF YES, VIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
CAL CERTIFIC	(This does not heart failure, as injury or compt injury or compt At DISEASES OR rise to the UNDERLYING OTHER SIGNIFIT OTHE DEADISEASE OR CONTRIBUTIOR CONTRIBUTION CONTRIBUTI	mean the rishenia, etc. I incolon which tecepent of the condition obave caused and the condition of the cond	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITIONS CO OIT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING E OF	dying, e.g., he disease, deoth.) ny, giving stating the DNTRIBUTING ED TO TH ITION FOR \(\text{TION FOR \(\text{Normal Medity} \) and the etc. \(\text{Hour) 21 E.} \)	G WHICH OPERATION PLACE OF INJURY (e.g., te, form, foctory, street, ce) INJURY OCCURRED ile At Not Whi	in or obout 21C. WHERE E blice bldg., INJURY OCCI	or No) 20B, IF YES, V IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location
EDICAL CERTIFIC	(This does not heart failure, as injury or compt injury or contribution of contribution death (notify more contribution of injury (APPROX.)	mean the rishenia, etc. I iicolion which NTECEDENT (CONDITION obave cause CONDITION CANT CONDITION CANT BUT NU ONDITION CANT BUT NU ONDITION CANT CANT CANT CONDITION CANT CANT BUT NO CANT CANT CONDITION CANT CANT CANT CANT CANT CANT CANT CAN	DEATH made of d It means if n coused d CAUSES NS, if an ise (A) s last. ITIONS CO OOT RELATI AUSING IT. 19B. CONDI WAS PERFO RELYING E E OF iet) (Yeor)	dying, e.g., he disease, secth.) ny, giving stating the NTRIBUTING ED TO TH ITION FOR N 218, hometc.) (Hour) 21E, Whi	G PLACE OF INJURY (e.g., to, form, foctory, street, to) INJURY OCCURRED ille At Not Whith	in or obout 21C. WHERE E blice bldg., INJURY OCCI	or No) 20B, IF YES, V IN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH?
EDICAL CERTIFIC	(This does not heart failure, as injury or compliance of the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CONTRIBUTION DEATH (notify more of the contribution). The contribution of the	mean the rishenia, etc. I income the rishenia, etc. I income the rishenia condition which the risher condition obave cause CONDITION CANT CONDITION CANT CONDITION CANT CONDITION CANT CONDITION WAS UNDER TING CAUSE CAUSE CAUSE (CAUSE CAUSE CAUSE) The risher cause (CAUSE CAUSE) CANTON (Doy)	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITHONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING E OF ner) (Yeor)	dying, e.g., he disease, lecth.) ny, giving stating the DNTRIBUTING ED TO TH (TION FOR NORMED 218, hometc.) (Hour) 21E, Whi wor	GE WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, or the stre	20 A. AUTOPSY? (Yes in or about 21 C. WHERE E office bldg., INJURY OCCI	or No.) 208. IF YES, VIN CERTIFYING	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Oltimore City, give exact location
EDICAL CERTIFIC	(This does not heart failure, as injury or compliance of the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CONTRIBUTE OF CONTRIBUTE DEATH (notify in CAPPROX.)	Mas under Martin (I) (this	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING (Year) hospital)	dying, e.g., he disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth. The disease leoth. T	GE WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, retained by the control of	20A. AUTOPSY? (Yes in or about 21C. WHERE (politice bldg., INJURY OCCI 21F. HOW DI	or No. 208. IF YES, V IN CERTIFYING DID (If in Bo DINJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location
EDICAL CERTIFIC	(This does not heart failure, as injury or compliance of the UNDERLYING OTHER SIGNIFIT TO THE DEADISEASE OR CONTRIBUTE OF CONTRIBUTE DEATH (notify in CAPPROX.)	mean the restriction of the country	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING (Year) hospital)	dying, e.g., he disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth. The disease leoth. T	GE WHICH OPERATION PLACE OF INJURY (e.g., ne, form, foctory, street, or the stre	20A. AUTOPSY? (Yes in or about 21C. WHERE (politice bldg., INJURY OCCI 21F. HOW DI	or No. 208. IF YES, V IN CERTIFYING DID (If in Bo DINJURY OCCUR?	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? Oltimore City, give exact location
EDICAL CERTIFIC	(This does not heart failure, as injury or complete the c	mean the restriction of the country	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING (Year) hospital)	dying, e.g., he disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth.) The disease, leoth. The disease leoth. T	GE WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, re) INJURY OCCURRED ite At Work At Work he deceased from	20A. AUTOPSY? (Yes in or about 21C. WHERE (politice bldg., INJURY OCCI 21F. HOW DI	or No) 208. IF YES, WIN CERTIFYING DID (If in Bo	WERE FINDINGS CONSIDERED G CAUSES OF DEATH? oltimore City, give exact location At Helfer r) apinian death accurred of
EDICAL CERTIFIC	(This does not heart failure, as injury or complete the c	EADING TO mean the rightenia, etc. I site an in etc. I condition CONDITION CONDITION CANT CONDI ATH BUT NO ONDITION CA PERATION 1 WAS UNDER ING CAUSE I	DEATH made of d II means If n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RLYING (Year) hospital)	dying, e.g., he disease, leoth.) NYRIBUTING ED TO TH ITION FOR V RMED (Hour) 21E. Whi woitended the live an	GE WHICH OPERATION PLACE OF INJURY (e.g., re, form, foctory, street, re) INJURY OCCURRED ite At Work At Work he deceased from	20A. AUTOPSY? (Yes in or obout 21C. WHERE E office bldg., INJURY OCCI 21F. HOW DI ile 21F. HOW DI ile Med. Director 23D. ADDRESS	or No. 208. IF YES, V IN CERTIFYING (If in Bound of the tinking) (our path.	were findings considered g Causes of Death? Of Helfer only apinian death accurred a 238. Date signed
MEDICAL CERTIFIC	(This does not heart failure, as injury or compliance of the UNDERLYING OTHER SIGNIFITO THE DEADISEASE OR C. 19.A. DATE OF C. 19.A. DATE OF CONTRIBUTION OF INJURY (APPROX.) 21.D. TIME (OF INJURY (APPROX.) 22. I certify the Contribution of the	mean the restriction of the restriction which the restriction which the restriction of th	DEATH made of d II means if n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RELYING E FOR hospital) deceased uses state	dying, e.g., he disease, seeth.) NYRIBUTING ED TO TH ITION FOR V ORMED 218. hom etc.) (Hour) 21E. Whi Woi attended the seet of the seet.	OF TO STATE OF INJURY (e.g., re, form, foctory, street, re). INJURY OCCURRED itle At Work he deceased from At Work he de	20A. AUTOPSY? (Yes in or obout 21C. WHERE E office bldg., INJURY OCCI 21F. HOW DI ile 21F. HOW DI ile 21F. HOW DI ile 21F. HOW DI ile 22F. HOW DI ile 23F. ADDRESS 2 We Uni	or No. 208. IF YES, WIN CERTIFYING DID (If in Bo UR? D INJURY OCCUR? and that in my) (our eath. Stoff Phys	were findings considered g Causes of Death? Of Helfer only apinian death accurred a 238. Date signed
MEDICAL CERTIFIC	(This does not heart failure, as injury or compliance of the UNDERLYING OTHER SIGNIFITO THE DEADISEASE OR CONTRIBUTION DEATH (notify more of the UNDERLYING) 21 A. A. C. C. D. E. T. A. C. C. D. T. T. M. C. C. T.	mean the restriction of the restriction which the restriction which the restriction of th	DEATH made of d II means if n coused d CAUSES NS, if an ise (A) s last. ITTIONS CO OUT RELATI AUSING IT. 19B. CONDI WAS PERFO RELYING E FOR hospital) deceased uses state	dying, e.g., he disease, leoth.) NOTRIBUTING ED TO TH ITION FOR VORMED 218. hometc.) (Hour) 21E. Whive attended the attended the dive and debaye (1) K e Gu	GE WHICH OPERATION PLACE OF INJURY (e.g., to, form, foctory, street, or to) INJURY OCCURRED to the deceased from the d	20A. AUTOPSY? (Yes in or obout 21C. WHERE E office bldg., INJURY OCCI 21F. HOW DI ile 21F. HOW DI ile 21F. HOW DI ile 21F. HOW DI ile 22F. HOW DI ile 23F. ADDRESS 2 We Uni	or No. 208. IF YES, WIN CERTIFYING DID (If in Bo DINJURY OCCUR? Ind that in my) (our eath. Stoff Phys. Versity Pk	were findings considered g Causes of Death? Of Helfer olitimore City, give exact location or) apinian death accurred a 23R DATE SIGNED 5-2-6 CWY, Apt. A.

24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24D. LOCATION (City, town, or county) (Stote) Abingdon

25C. FUNERAL DIRECTOR
H.W. Jenkins & Sons Co. 4905 York Rd.

Balto.12, Md. RECD BY HEALTH DEPT. 25B. NAME OF REGISTRAR VS 150-REV. 1/1/65

Inanition Wests

Attended by Dr Helfin

25-6-5

Burial

VS 151-REV. 1/1/65

5-2-66

66 44473 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered No M.E. CASE NO. 1. NAME OF DECEASED 2. DATE AND HOUR PRONOUNCED DEAD William H. Walker 4/29/66 5:15 a. M. 3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
B. COUNTY Maryland FULL NAME OF HOSPITAL OR INSTITUTION (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Belair D. STREET ADDRESS (If rurni, give location) Hopkins Hospital Box 176 A 6. RACE 5. SEX 7. MARRIED, NEVER MARRIED 9. AGE (In years lost hirthday) If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Months , Doys , Hours , male white Married 10-15-1897 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? Self Employed Contracting Maryland
4. MOTHER'S MAIDEN NAME TISA 13. FATHER'S NAME John Walker
15. Was Deceased Ever in U.S. ARMED FORCES? Tsabel Jenking ADDRESS 16. SO CIAL (Yes, no as unknown), (If yes, give was or dates of service) SECURITY NO. Yes WW 1-11 220-18-6015A David H. Walker Belair, Md. 18. INTERVAL BETWEEN CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (A) Multiple injuries (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING DUE TO RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST, CATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE CERTIFIC DISEASE OR CONDITION CAUSING IT. 19A, DATE OF OPERATION 19B, CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? yes yes EDICAL 21A. EXTERNAL CAUSE WAS 218. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) UNDERLYING MOR CONTRIB-UTING CAUSE OF DEATH. street Rte. 40 near Ebenezer Rd Σ 21 D TIME (Month) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY (APPROK.) 4:28 a.m. WHILE AT NOT WHILE X driver of auto which collided with truck 29 66 I certify that I held on Inquiry Inspection Autopsy X ond that on this bosis, death in my opinion Accident Surcide resulted from: Notural causes Homlcide Undetermined monner CHIEF MEDICAL EXAMINER DATE SIGNED ACTUAL M.D. ASSISTANT MEDICAL EXAMINER X SIGNATURE 4/29/66 SSOCIATE MEDICAL EXAMINER **EXAMINER'S** NAME (Type) Werner U. 23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY of CREMATORY 23D. LOCATION (City, town, or county) REMOVAL (Specify)

Dulaney Valley

24B NAME OF REGISTRAR

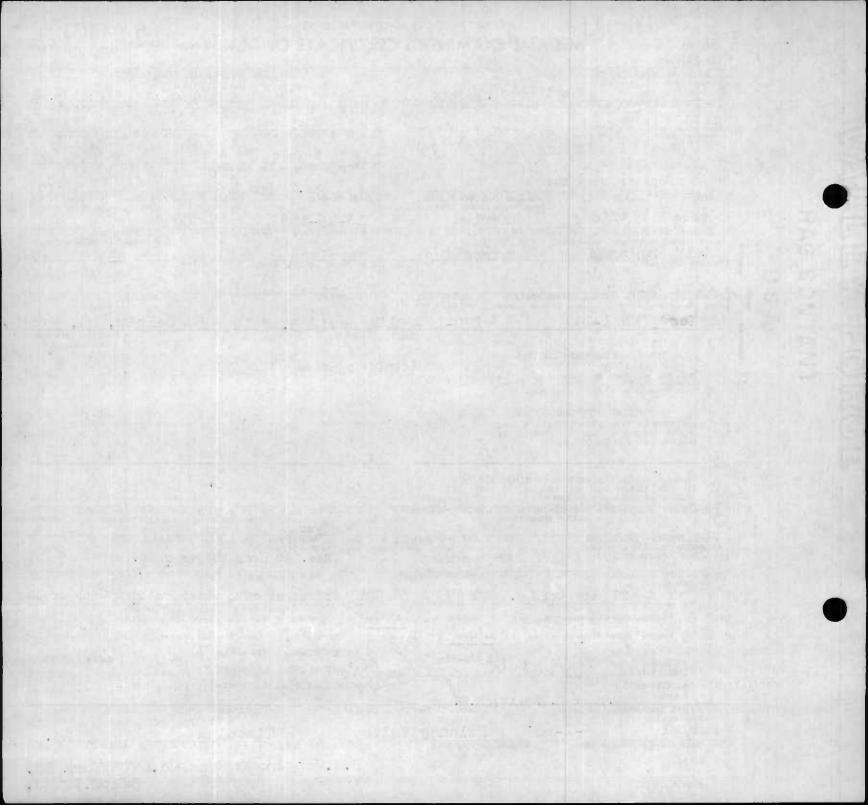
Timonium

H.W. Jenkins & Sons Co. 4905 York Rd.

24C. FUNERAL DIRECTOR

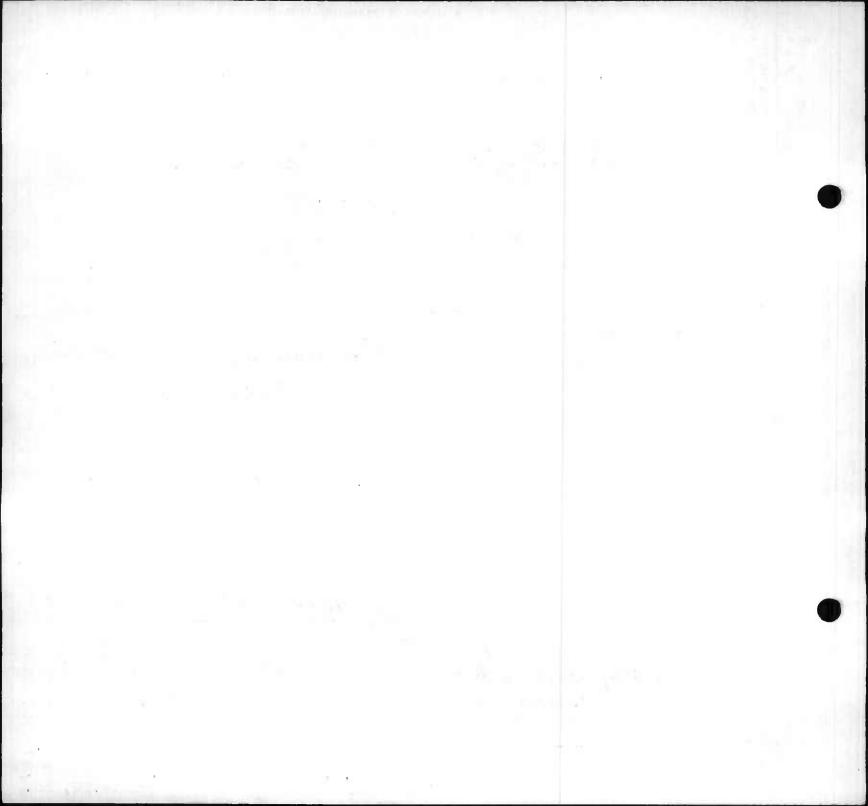
Md.

Balto.12, Md.



-	40	
-	approved by the chief medical examiner or his assistant if death occurred in a hospital and to the hospital by a medical examiner. Also, if the direct or contributing cause of death of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	4
	- P	-
	of of Dec	-
	5)	-
	aus e; (-
	an Sur	4.4
	Pin P	1
	bui	
	ccu mirri	-
	cor	i
	or	
	D + D	1
	÷ 5 4	
A	b ed	4
RT	sis th ki	-
0	in y	
M	his Iso,	
-	P A	
FUNERAL DIRECTOR: IMPORTANT	ner.	
10	min	
EC	X A	
R	3 (3	
	dic ica rns	
A	me bed	
H.	dy dy	
Z	ch Bo	
II.	the (2)	
	oy re;	
	bed losp atu	,
	y e y	
9	ppi th	
	of to	
	st b	0
	nus lec	
	his certificate must be he body was released hows: (1) An accident	,
	Mas	
	事が色	-
	boc ws:	1
	his hov	
	F + 8	

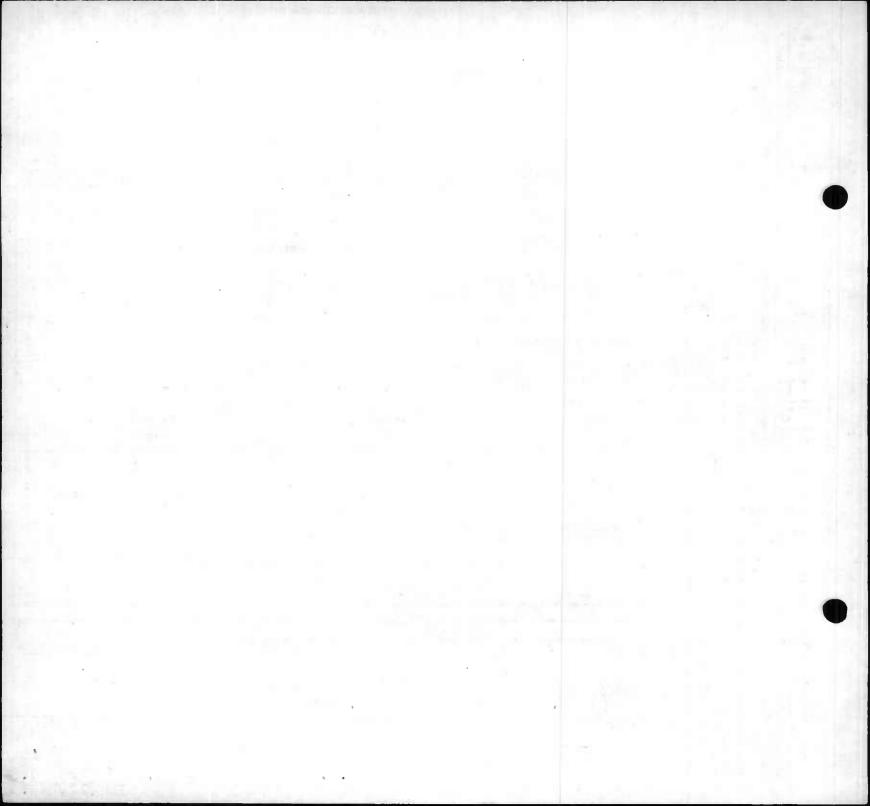
			at university	BALTIMORE CIT	Y HEALTH DEPARTME	NT	
BIRTH NO.	NO	66	4474	CERTIFICA	ATE OF DEAT	Registered No	66 114474
I. NAME O	F DECEASED				2. DA	TE AND HOUR OF DEAT	Н
(Type or Pri		N. Lawren	nce A		A	pril 29,1966	1:00 P.
. PLACE	OF DEATH IN	N. Lawren	RYLAND		4. USUAL RESIDENCE	(Where deceased lived, If COUNTY	institution: residence before admi
	AME OF (If not in hospital	or institution,	give street	MAR	YLAND	2-16
HOSPITA	LACIT	ENKINS ME		UOSDTTAT			e RURAL and give township)
21		.000 S Cat				TIMORE	
7/		altimore,			D. STREET ADDRESS		
5. SEX	6. RAC			NEVER MARRIED	8, DATE OF BIRTH	4 N Howard St.	
M	W		WIOOWE	o, DIVORCED (specify) dowed	Feb. 2,1880	lost birthdoyl	Months Doys Hours A
		y (Give kind of work ile, even if retired)	10B, KIND OF	BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
-	Accounts		Busir	ness (Oil)	Maryland		USA
13. FATHER			- 40		14. MOTHER'S MAIDE	N NAME	
	Bartholo	mew Nolar	า		Anna Burns		
5. Was De	ceased Ever in	U. S. Armed For	ces?	1 6. SOCIAL	17. INFORMANT		ADDRESS
(Yes, no or u	nknown/(It yes,	give war ar date	s of service)	SECURITY NO.	MEDICAT D	TOODDE DOOM	Innied no Managed - 7
18.	1	1.		212-01-7258	OF DEATH	ECORDS ROOM -	Jenkins Memorial
1	DISEASE OF	ONDITION DIE	ECTLY				ONSET AND DEAT
		NG TO DEATH	CILI	(4)	Preservas	ion.	25 400
		n the made of		DUE TO		. A	
		a, elc. II means n which caused			2 -	rea trotte ver	-10
	ANTEC	EDENT CAUSES		(B)	aran-wy	well the	up o da
DISEA	SES OR CO	NDITIONS, if	any, giving	DOL TOP			-
	la lhe abay	e cause (A)	stating the	(C)			. n. g. g. n. n. quapripriorite al m. statis di di di di n.
0.1700	KETHIO CON						
Z OTHE		CONDITIONS C			1		
		BUT NOT RELATION CAUSING		Arterios	Jarotic Ho	roof Deas	er legar
	ATE OF OPERA	TION 198. CON		WHICH OPERATION	20 A. AUTOPSY? IYes	or No. 208. IF YES, WER	E FINDINGS COASIDERED
19A. D.							
00 50	NTRIBUTING		hom	ne, form, foctory, street,	in or obout 21 C. WHERE office bldg., INJURY OCC	DID (If in Boltim	ore City, give exact location)
DEATH	(notify medica		etc.)			
OF IN	ME Month	Doy) (Year)		INJURY OCCURRED		ID INJURY OCCUR?	
₹ (APPRO			Wh	ile At Wo	L.		
22. 1	ertify that () (this haspital		he deceased from	1/10	19 (0) to	pinian death occurred on th
		aw the decease		9	129 19 66	and that in (my)	pinian death occurred on the
							225m occomed off fr
	GNATURE	rne couses 510	ed obave. ((((((((((((((((((((wiew the body after d	eoin.	23B, DATE SIGNED
297.31	0 6)	1 41	M. D. A. M.D. A	ttending Med.	Stoff	0/50/
225 81	7 19	ymoul	(A	dale	lys. Director	Phys.	7/08/60
23 C. PF	ME (Type)	/ J Day	mond G	ledue	23D. ADDRESS	Memorial Hasn	ital, 1000 S Cator
			ymond G				rear, room a dator
24A. BURIA	VAL (Specify)	N, 248. DATE	24C. N	AME of CEMETERY of C	REMATORY	24D. LOCATION	(City, lown, or county)
Bur	ial	5-2-6	6 Ho	ly Redeeme	r	Baltimore	Md
25A. DATE	REC'D BY HE	ALTH DEPT.		OF REGISTRAR	25C. FUNERAL DIE		ADDRESS
	W 0 20	00 0 0	007	1. 11. 11.11	H.W.Jenk	ins & Sons	Co.4905 York F
VS 150 RE	1. 1/1/265	100 Olakien	D 2, 4	000000			Balto.12, P



FUNERAL DIRECTOR: IMPORTANT

This cortificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such

	(3C 1) A A	BALTIMORE CITY	HEALTH DEPARTM	ENT /	66 04475
- 11	IRTH NO. 66 044	CERTIFICA	TE OF DEA	TH Registered Na.	00 (1447)
11	A.E. CASE NO.	- (2. D	ATE AND HOUR OF DEATH	C550
	Type or Print) Offo E. Vo	isINET		4/29/66	5 F N
3	PLACE OF DEATH IN BALTIMORE, MARYLAND			CE (Where deceased lived. If in B. COUNTY	nstitution: residence befare admission)
H	FULL NAME OF (If not in hospital or institut	ion, give street	M.a.	1	130111
K	NSTITUTION /	1 8000	C. CITTOR TOWN	(If autside city limits, write	RURAL and give township)
1	JARMAND GENERA	1 17008	D. STREET ADDRESS	(If rurol, give location)	2 1
1	BAItO NO.		4405	Spring fill	the
100		NEVER MARRIED	B. DATE OF BIRTHY	9. AGE In years last birthday	If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108, KINI	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State	e ar faseign country)	12. CITIZEN OF WHAT COUNTRY?
119	one during most of working life, even if retired)	105	· New	York	USA
I	3. FATHER'S NAME		14. MOTHERS MAIL	DEN NAME	1
	Louis Vorsmet		Can	Mure Be	sch
1	5. Was Deceased Ever in U. S. Armed Forces? (as no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17. MFORMANT	Christina	ADDRESS Enwick
ı	YES WWI	023-01-0250	Laureker	Sulli	Van A
-	18.420,11	CAUSE O	DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	pu	MONAR	4 EDEMA	
	(This does not mean the made of dying,				
	heart failure, asthenia, etc. II means the dise injury ar camplication which caused death.)	dol	2 DALL	occusion	
	ANTECEDENT CAUSES	(B) DUE TO	2701,1		
	DISEASES OR CONDITIONS, if any, gi		Muscut	Rolle or He	PERTURIUE
	UNDERLYING CONDITION last.	C	ANDWA	sement Di	adme
	11				
	OTHER SIGNIFICANT CONDITIONS CONTRIBLE TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.				
	19A. DATE OF OPERATION 19B. CONDITION F	OR WHICH OPERATION	20A. AUTOPSY? (Y	es or No. 208. IF YES, WERE	FINDINGS CONSIDERED
	19A. DATE OF OPERATION 19B. CONDITION F		405	IN CERTIFYING	SORES OF DEATH?
	21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (nohify medical examiner)	21B. PLACE OF INJURY (e.g., in hame, form, foctory, street, af etc.)	n or obout 21C. WHERE INJURY OC	DID (If in Boffimor CUR?	e City, give exact location)
	21D. TIME (Manth) (Day) (Year) (Hour)	21 E. INJURY OCCURRED	21 F. HOW	DID INJURY OCCUR?	
	(APPROX)	While At Not While At Work			,
	22. I certify that (I) (this hespital) attend	ed the deceased fram	4/29	19///Ccta	4/29 666
	that (1) (we) last saw the deceased alive	an 4/25	1966	and that In(my) (our) opt	nian death accurred on the date
	and haur and fram the causes stated abov	e. (1) (We) (did) (did not) v			
	23A SIGNATURE	11/1			23B. DATE SHONED
ľ	Tarrale / Y	Phy:		or Phys	4/29/66
ı	23C. PHYSICIAN'S NAME (Type)		23D. ADDRESS	- 7 TT 7	
	Donald T. Lew		A STATE OF THE STA	al Hospital	
1	REMOVAL (Specify)	C. NAME of CEMETERY OF CRE	MATORT	24D. LOCATION (C	ity, town, or caunty) (State)
1		New Cathedral	25C. FUNERAL D	Baltimore	ADDRESS Md.
	MAY 2 1966 (P.O. 1-2)	Standarda .			Co.4905 York Rd.
IF	\$ 150-REV. 1/1/65	,	22 6 17 6 0 011	TO DOLLO	Balto.12, Md.



Deceased

uo

attendance ing cause cause; (5)

and death

hospital

of

contributing

0 (4) Und Was

direct

etermined

regular

death

pronounced

who

physician

the 0

ere

×

(except

hospital

0

to o

O.A.

VS 150-REV. 1/1/65

any

fracture of

4

3

burns;

(2) Body

to the hospital

any nature;

90

ly was released (1) An accident

the body

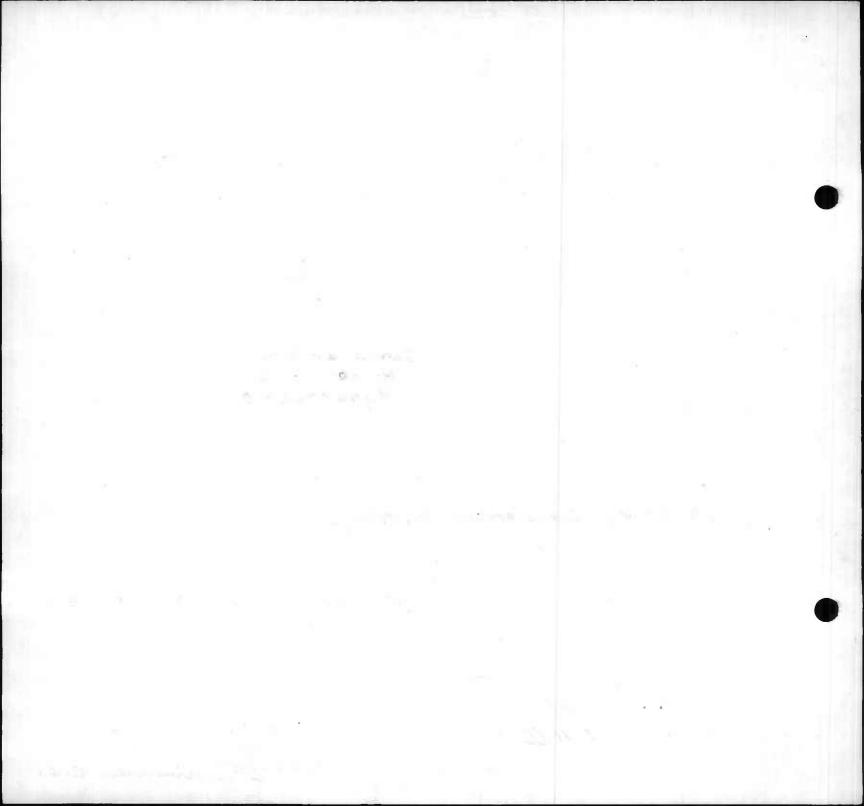
shows: Ö Was

certificate

examiner.

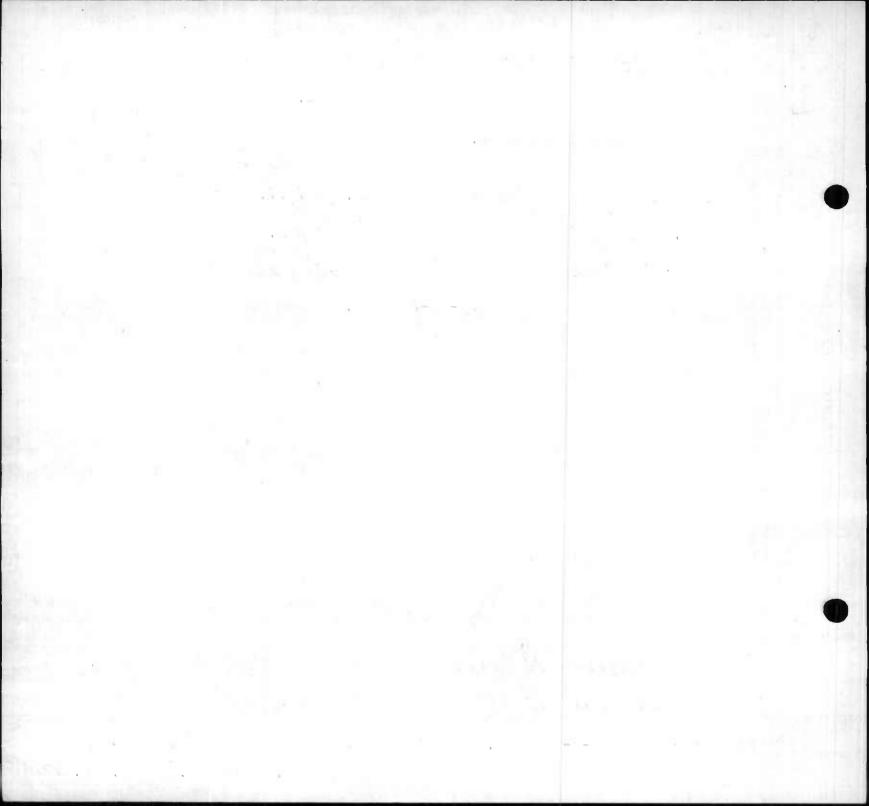
occurred

BALTIMORE CITY HEALTH DEPARTMENT Registered No.66 04476 CERTIFICATE OF DEATH BIRTH NO. Such M.E. CASE NO 2. DATE AND HOUR OF DEATH I. NAME OF DECEASED (Type or Print) death. 3. PLACE OF DEATH IN BALTIMORE, MARYLAND Il institution: residence before odmission) BALTIMORE FULL NAME OF (If not in hospital or institution, give street oddress or focation) HOSPITAL OR . C. CITY OR TOWN (If outside city fimits, write RURAL ond give 0 THE JOHNS HOPKINS HOSPITAL prior D. STREET ADDRESS (If rural, give location) 21205 601 N BROADWAY 1649 NORMAL AVENUE 221213 made 5. SEX MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years 6. RACE If Under 1 Yr. If Under 24 Hrs. deceased Hours WIDOWED, DIVORCED (specify) lost bighdoyl Months Doys 2/10/97 disposition is 10A, USUAL OCCUPATION Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) the 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JONES JAMES OL IVIA WILLIAMS LO 5. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL final (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. attendance CAUSE OF DEATH INTERVAL BETWEEN 0 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., gular heart failure, asthenia, etc. Il means the disease, injury or complication which coused death.) e m ANTECEDENT CAUSES 9 are DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) stoting the = the remains UNDERLYING CONDITION lost. Was OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE physician DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A, DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20 A. AUTOPSY? (Yes or No) LANT TO CE 21A. ACCIDENT WAS UNDERLYING before 218 PLACE OF INJURY (e.g., in or ob ut 21 C. WHERE DID home, form, foctory, street, office blag, INJURY OCCUR? (If in Boltimore City, give exact location) °Z DEATH (notify medical examine) etc.) MEDI (9) obtained 21 D. TIME 21E. INJURY OCCURRED (Doy) (Yeor) (Hour) 21F. HOW DID INJURY OCCUR? OF INJURY Not While While At (APPROX.) and Work At Work 22. I certify that M(this haspital) attended the deceased from 6:25 AM14 (29 19 66 to 10 35 Mg) 4/30 19 66 7:00 pmg 66 ... and that in(my) (out) apinian death accurred an the date that (1) (we) last saw the deceased alive an pe death) and haur and from the causes stated above. (1) (Me) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED Attending M.D. Med. 10 Phys. Director pproval 23C. PHYSICIAN'S NAME (Type 23D. ADDRESS prior THE JOHNS HOPKINS HOSPITAL R.A. RATCHENSON M.D 21205 wn, or county) 24C. NAME OF CEMETERY OF CREMATORUL 24A. BURIAL CREMATION, 24B. DATE eceased 0 REMOVAL (Specify written HEALTH DEPT. REC'D BY 258. NAME OF REGISTRAR ADDRESS FUNERAL DIRECTOR 0



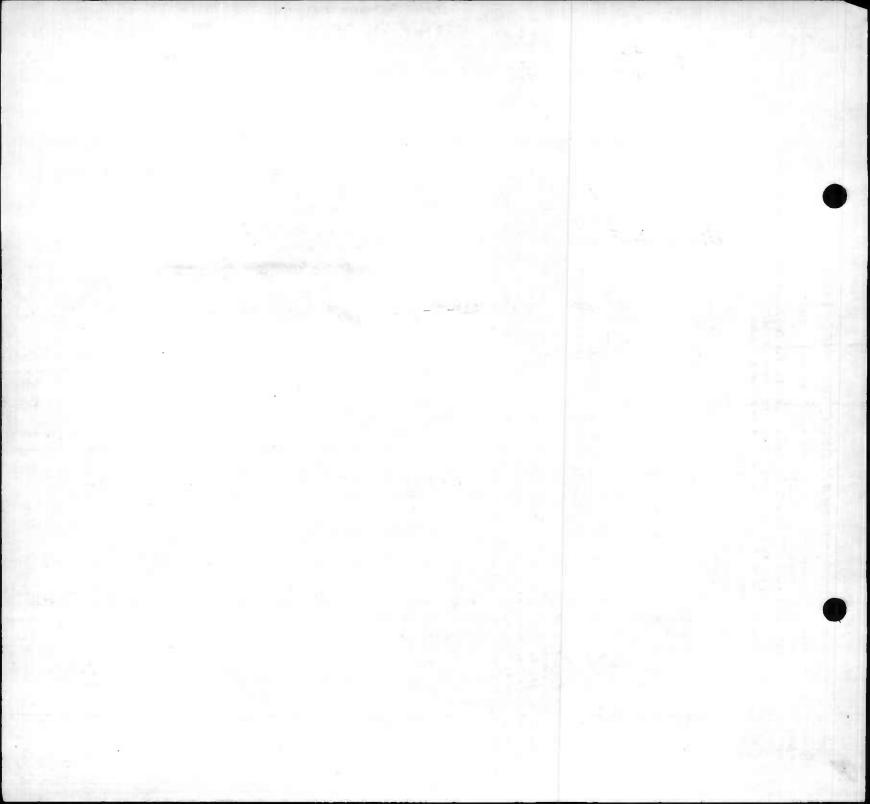
This certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made. FUNERAL DIRECTOR: IMPORTANT

(5 1 1 A	BALTIMORE CITY	HEALTH DEPARTMENT	CC OAA'7'7
BIRTH NO. M.E. CASE NO. (Teresa)	CERTIFICA		od No. 66 04477
Type or Print) TERESA MA	ey KWIATKO	2. DATE AND HOUR OF 5/1/66	6.45-P M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND		A. STATE Md. 8. COUNTY	ed. If institution: residence before admission)
FULL NAME OF (If not in hospital or instituti HOSPITAL OR oddress or location)	on, give street		, write RURAL and (live township)
INSTITUTION	0.1	0 /	ore #12
6236 Falkirk	Kd _e	D. STREET ADDRESS (If rurol_give loco	
7 / /// · / WIDO	MED, NEVER MARRIED (WED, DLVORGED (specify)	Aug. 5, 1911.	Months Doys Hours Min.
tOA. USUAL OCCUPATION (Give kind of work 10B, KINE done during most of working life, even if retired)	OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT, COUNTRY?
Lab. Technician		Conn.	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Dominic Vitale		Marie Perleonni	
15. Was Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dotes of servi	1 6. SOCIAL SECURITY NO.	17- INFORMANT	ADDRESS
No	215-32-1932	Mr. Walter Kwiatko	wski (Same)
11B. 15 1 X 1-002	CAUSE O		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	C	roman Stoman	5 3 1/2 mg.
(This does not mean the made of dying,			
heart failure, asthenia, etc. It means the dise injury or complication which coused deoth.)	050,		
ANTECEDENT CAUSES	(B)		
DISEASES OR CONDITIONS, if any, gir	ving		
rise to the abave cause (A) stating UNDERLYING CONDITION last.	The (C)		
II.			
O OTHER SIGNIFICANT CONDITIONS CONTRIBU	TING Herled	Inactive pulmonery?	BC 264.
DISEASE OR CONDITION CAUSING IT.	OR WHICH OPERATION	[20 A. AUTOPSY? (Yes or No!) 20 B. IF YES,	
19A. DATE OF OPERATION 19B. CONDITION F WAS PERFORMED 21A. ACCIDENT WAS UNDERLYING	OR WHICH OPERATION	IN CERTIFYI	NG CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	218. PLACE OF INJURY (e.g., in home, form, foctory, street, of etc.)	n or obout 21C. WHERE DID (If in ffice bldg., INJURY OCCUR?	Boltimore City, give exact location)
21D. TIME (Month) (Doy) (Year) (Hour)	21E INJURY OCCURRED	21 F. HOW DID INJURY OCCUR?	
(APPROX)	While At Work Not While At Work		
22. I certify that (I) (this hospital) attend	ed the deceased from	Jan 15 1966 19 to	may 1 19 66 ,
that (1) (we) last saw the deceased alive			ur) apinian death accurred an the date
and haur and from the causes stated abov	e. (1) (We) (did) (did nat) v		
23A. SIGNATURE	L		23B, DATE SIGNED
milkon B.	Treso M.D. Atte	s. Med. Stoff Phys.	3/1/66
23C, PHYSICIAN'S NAME (Type)	/ .	23D. ADDRESS	2 11 2
	TRESS M.D.	Medical asp.	By Balt TML
REMOVAL (Specify)	C. NAME of CEMETERY or CRI		(City, town, or county) (Stote)
burial 5-6-66	St. Mary's Cen	metery New Brita	in, (onn.
MAY 3 1966 P. O. F. E.	NE OF REGISTRAR	Leonard J. Ruck Ir	ac. Balto. Md. 21214
VS 150-REV. 1/1/65		Torrando Je man Je	



	BA	LTIMORE	CITY	HEALTH	DEPARTMEN
--	----	---------	------	--------	-----------

BALTIMOKE CITY HEALTH DEPARTMENT	
ME CASE NO. (14478 CERTIFICATE OF DEATH Registered No. 4	14478
1. NAME OF DECEASED (Type or Print) 1. DO BLITZ 2. DATE AND HOUR OF DEATH 4/28/66	8.55 R.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Whose deceased lived. If institution and state of the state	on: residence before admission)
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL)	100
INSTITUTION (If oriside city limits, write RURAL)	ond give lownship)
D. STREET ADDRESS (If rurol, give locotion)	
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If t	Under 1 Yr., If Under 24 Hrs.
	oths Doys Hours Min.
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) done during most of working life, even if retired)	CITIZEN OF WHAT COUNTRY?
M2 chimist Crown CORR & SERI 134 HOTERS MAIDEN NAME	USA
FRANK BUBLITZ ERCELIA AlbaN	
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or dates of service) 16. SOCIAL SECURITY NO.	ADDRESS
UNKNOUN NO 213-01-0279 LUIA E BOBIITZ	SAME
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
(This does not mean the mode of dying, e.g., (A) VIMONARY INTARCTION DUE TO	4 ks 40 n
heart failure, asthenia, etc. It means the disease,	
ANTECEDENT CAUSES (8) VENOUS THROM BOSUS -?	
DISEASES OR CONDITIONS, it ony, giving nise to the above cause (A) stating the (C)	
UNDERLYING CONDITION fost.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. CARCINOMA OF RECTUM	THETAS
17A. DATE OF OPERATION 17B. CONDITION FOR WHICH OPERATION WAS PERFORMED PROCESS OF No. 20A. AUTOPSY? (Yes of No.) 20B. IF YES, WERE FINDING CAUSES	NGS CONSIDERED OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 21B PLACE OF INJURY (e.g., in or about 21C, WHERE DID (If in Boltimore City	, give exact location)
OR CONTRIBUTING CAUSE OF home, form, foctory, street, office bldg., INJURY OCCUR?	
O 21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCURRED 21F, HOW DID INJURY OCCUR?	
Work At Work	11/202
22. I certify that (I) (this hospital) attended the deceased from 3/26/66 19 66 to that (I) (we) lost saw the deceased alive on 4/26/19 66 and that in (my) (our) opinion	7/2/ 19.66.
and hour and from the couses stated above. (1)(We)(did)(did not) view the body after death.	degrn occurred on the dote
23A. SJONATURE 23B.	DATE SIGNED
23C, PHYSICIAN'S 23D, ADDRESS	4/26/61
23C. PHYSICIAN'S NAME (Type)	
24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, to	wn, or county) (State)
BUVIEL 21112466 Grave Kun Cemetery Beltimore C	o. 111d
MAY 3 1966 Research to the state of the stat	ADDRESS A 3631 Falle R
MAI U JOU UNCERT I THE MAIN TO THE PLANT THE P	1 . 36 91 / 11/1/ 10



	BALTIMORE CIT	TY HEALTH DEPARTMENT	00 - 4 4120
BIRTH NO.	04479 CERTIFICA	ATE OF DEATH Registered N	.66 04479
M.E. CASE NO. I, NAME OF DECEASED Type of Print) Florence	ee A. Hoffman	2. DATE AND HOUR OF DEA April 26, 1966	TH I
B. PLACE OF DEATH IN BALTIMORE, MA		4. USUAL RESIDENCE (Where deceased lived, I A. STATE B. COUNTY	f institution: residence before admission
FULL NAME OF (If not in hospital HOSPITAL OR oddress or location INSTITUTION	or institution, give street n)	Mryland	te RURAL and give township)
3 Johns Hopkins	Hospital	D. STREET ADDRESS (Il rurol, give location) Baltimore Maryland-2	
Sex 6. RACE Female White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	June 24, 1899 9. Age (In years lost birthday)	If Under 1 Yr. If Under 24 Hrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of wordone during most of working life, even it retired) Housewife	TIOB. KIND OF BUSINESS OR INDUSTR	St. Mary's Co., Md.	12. CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME		14. MOTHERS MAIDEN NAME	
Joseph Gatton	ı	Rebecca (wrry	
5. Was Deceased Ever in U. S. Armed Fa Yes, no ar unknown) (If yes, give war ar dat No	icas? 16. SOCIAL	Philip O. Hoffman - 2419	E. Preston Street
18. 2/ 1	CAUSE	OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DI	RECTLY	promore realisting	
(This does not mean the mode of	dying, e.g., (A)	oronary occlusion	
heart failure, asthenio, etc. It means injury or complication which coused		oronally Sellivace	
ANTECEDENT CAUSES	(B)	1 de levier	
DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION tost.		tero schon Hen's	2
OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING	CONTRIBUTING Varieties (alow Aght leg.	
19A. DATE OF OPERATION 19B. CON	IDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WE IN CERTIFYING	RE FINDINGS CONSIDERED CAUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (notily medical examiner)	218. PLACE OF tNJURY (e.g., home, lorm, foctory, street, etc.)	in or obout 21 C. WHERE DID (II in Bollin office bldg., INJURY OCCUR?	more City, give exact location)
OF INJURY (APPROX.) (Month) (Doy) (Yeor)	(Hour) 21E, INJURY OCCURRED While At Not Will Work At Wo		
22. i certify that (I) (this hospita	I) attended the deceased fram	Lept, (1965 to	april 26 1966
that (I) (we) last saw the deceas	ed alive an afri	26.19.66 and that in (my) (aur)	apinian death accurred an the da
	ted abave. (I) (We) (did) (did nat)		
23A. SIGNATURE	7 DI M.D. A	Hending Med. Stoff Phys.	23R DATE SIGNED
23C.PHYSICIAN'S NAME (Type)	M.E	23D. ADDRESS	i upuni
24A. BURIAL CREMATION, 24B. DATE	24C. NAME of CEMETERY OF C		(City, town, or county) (Stote)
Burial 4-30-60	Loudon Park (e	metery Baltimore	Maryland
MAY 3 1966 P.J.	25B. NAME OF REGISTRAR	John C. Miller Inc-64	ADDRESS.

24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY OF CREMATORY 24B. DATE 24D. LOCATION (City, town, or county) (Stole) Loudon Park Cemetery Baltimore Maryland

25B. HAME OF REGISTRAR

John C. Miller Inc-6415 Belair Road-21206 4-30-66 HEALTH DEPT. 1966 MAY 3 VS 150-REV. 1/1/65

1 the state of the same of the s Such

leath.

T

9

prior

deceased

or final disposition is made.

on the

attendance

regular

=

MOS the

death 0

pronounced

who

the physician

(except where

a hospital

to

was D.O.A.

VS 150-REV. 1/1/65

shows: (1)

An accident of any nature;

attendance

deceased prior to death); and (6) No physician was in regular atter written approval must be obtained before the remains are embalmed

9

kind;

any

A fracture of

(3)

(2) Body burns;

of death

hospital

occurred

(4) Undetermined cause; (5) Deceased

	BALTIMORE CITY	HEALTH DEPARTA	AENT		
BIRTH NO. M.E. CASE NO. 66 (14481)	CERTIFICA	TE OF DEA	TH	Registered Na.	6 04480
1. NAME OF DECEASED (Type or Print) Mr Solomon	O. Goswa	eiler 2.1		HOUR OF DEATH	9:10 A M.
3. PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, oddross or localian) INSTITUTION 2914 Guil Ford Baltimore 18	Ave	Maryland C. CITY OR TOWN Baltimor D. STREET ADDRESS	(If outsi	Hanganda	RURAL ond give township
WIDOWI	D. NEVER MARRIED ED, DIVORCED (specify) P100	30 Oct.]	lo.	AGE (In years st birthdoy)	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
done during most of working life, even if retired) Merchant-Storekeeper,				ryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHERS NAME Solomon Gosweiler		14. MOTHERS MAII		E	
15. Was Deceased Ever in U. S. Armed Forces? (Yas, no or unknown) (If yes, give wer or dotes of service)	16. SOCIAL SECURITY NO. 216-26-3318	3-AB Wii	îе,	Same as	4-C-&D
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meon the mode of dying, e.g. heart failure, osthenia, etc. ft means the disease injury or complication which caused death.)	., DUE TO	CLUOM 3	of	lung	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES	(B)				
DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION last.	9			000 00 × 000 00 00 00 × 000 00 00 × × 000 00	

15. Wo: N 18. (TI he inj D ris U 11 Jerio sclero tre cardio Vascular CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) WAS PERFORMED 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (II in Boltimore City, give exact location) 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID homo, form, foctory, street, office bldg., INJURY OCCUR? MEDICAL DEATH (notify medical examined etc.) 21 D. TIME (Month) (Doy) (Your) (Hour) 21E INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not White (APPROX.) Work Al Work 22. I certify that (I) (this hospital) attended the deceased from 19 that (1) (we) last saw the deceased alive an and that in (my) (cor) apinian death accurred an the date and haur and from the causes stated abave. (1) (We) (did) (didnet) view the bady after death. 23A. SIGNATURE 23 B, DATE SIGNED

23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) 54 M.D. 24A. BURIAL CREMATION, REMOVAL (Specify) 24C. NAME of CEMETERY of CREMATOR 24D. LOCATION (City, town, or county) (Stote) Paul Lutheran Cemetery Maryland Aberdeen. 66 St Burial MAY 3 1966 258. NAME OF RECESTRAN ADDRESS DIREC nina Aberdeen, Md.

Attending Phys.

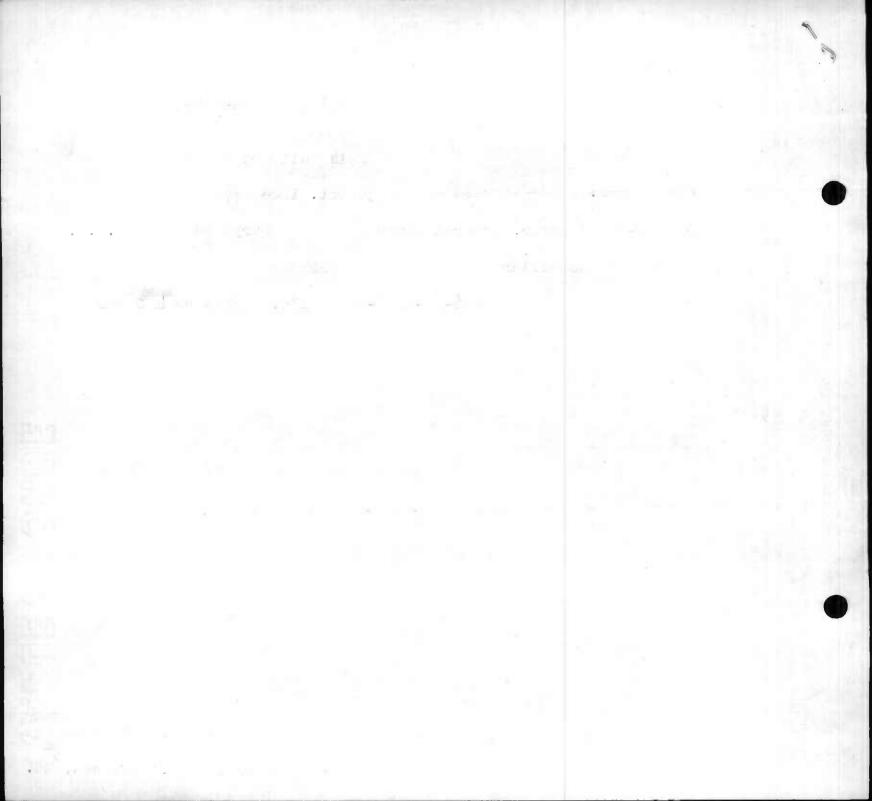
M.D.

Med. Director

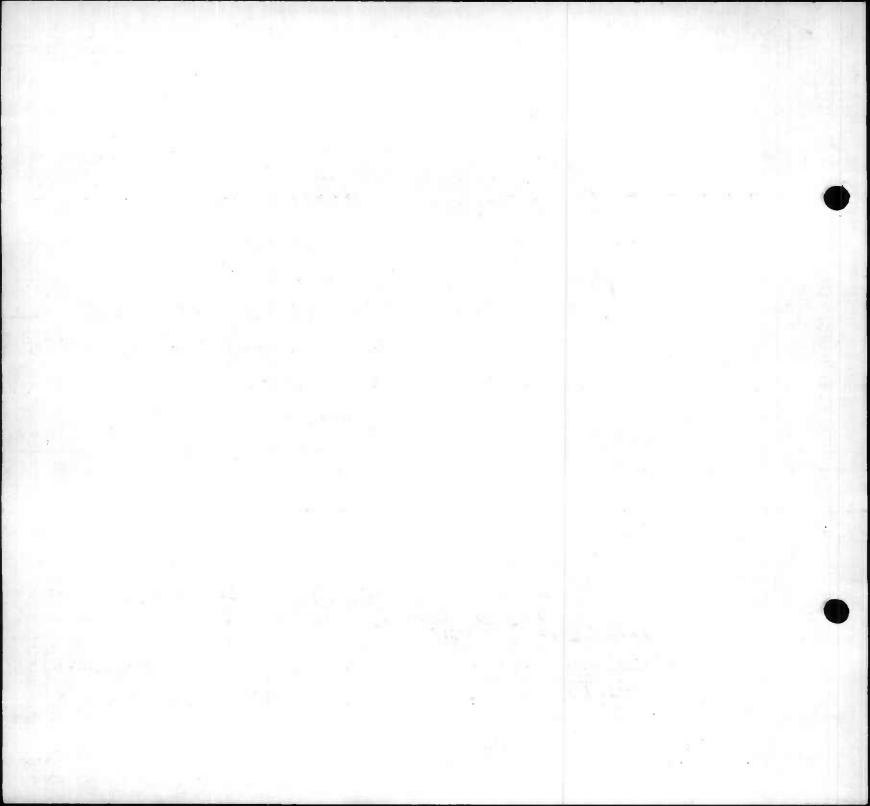
Stoff Phy s.

Home 1

4-30-66



		ATE OF DEATH Registered No.	14485
1. N (Ty	E CASE NO. NAME OF DECEASED pe or Print) A Mark	2. DATE AND HOUR OF DEATH	730 P M
	PLACE OF DEATH IN BALTIMORE, MARYLAND FULL NAME OF (If not in hospital or institution, give stroot	4. USUAL RESIDENCE (Whore deceased lived. If institute A, STATE Maryland	ian: rosidenco botaro admission)
1/7	HOSPITAL OR oddress or location) INSTITUTION	C. CITY OR TOWN, (It outside city limits, write RURA	L ond give township)
0 2	St. Agnes Hospital	D. STREET ADDRESS (If rural, give location) 3631 MSTavish Aue 3	21229
be si uo	SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (spocify) Married Married	12/11/01 lost bighdoys	Under 1 Yr. If Under 24 Hrs.
EL	Tectivice au Klectuse	Maryland	CITIZEN OF WHAT COUNTRY?
: =	Robert Marr	Ann Burnell	ADDRESS
ual (Yo	Was Deceased Ever in U. S. Armed Forcas? Is, no ar unknown) (If yos, give wer or dates of service) OS W. W. T 16. SOCIAL SECURITY NO. 219-10-7/1/5	Leona P. Mary 3631 M	5 Tavish Ave
io p	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Acute, cosanas occhi	ONSET AND DEATH
bal	(This does not mean the made of dying, e.g., heart foilure, asthenia, etc. It means the disease, injury or complication which caused death.)	ACVD myocardons	months
S G T O O O	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise la lhe abave cause (A) stating the (C) UNDERLYING CONDITION last.	aneunt	inmittes
main	11 0	lized afternosolum	o months
e the	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20 A. AUTOPSY? (Yes or No.) 20 B. IF YES, WERE FIND IN CERTIFYING CAUSES	INGS CONSIDERED OF DEATH?
befor	21A. ACCIDENT WAS UNDERLYING 218. PLACE OF INJURY (e.g., home, form, foctory, street, etc.)	in or about 21 C. WHERE DID (It in Baltimora Cit office bldg., INJURY OCCUR?	y, givo exact location)
ained	21D. TIME (Month) (Doy) (Yoor) (Hour) 21E INJURY OCCURRED OF INJURY (APPROX.) While At Not Whork At Work		2 66
must be obta	22. I certify that (I) (this hospital) attended the deceased from that (I) (we) last saw the deceased alive on 30 mm and haur and from the courses sected above. (I) (We) (ard) (did nat)	2 19 6 and that in (my) (our) apiniar view the bady after death.	deoth occurred an the date
d sum lavorada nettirw	23A. SIGNATURE HOLDEN M.D. A.	ttonding Med. Stoff Phys	May 2.1966
Doroc	23C. PHYSICIANS HEHRY ARIMANAS M.D	1934 Wilkens Hre Ba	tto 23, md.
24 25.	A. BURIAL CREMATION, 24B. DATE 24C. NAME OF CEMETERY OF C BHYIAI 5/3/66 LOGIDON PAYKE	Cenetery Baltimore M	own, or county) (State)
	A. DATE REC'D BY HEALTH DEPT. 258, NAME OF REGISTRAR 150-REV, 1/1/65	Walters Tygeral Home &	attastricker



and death

a hospital

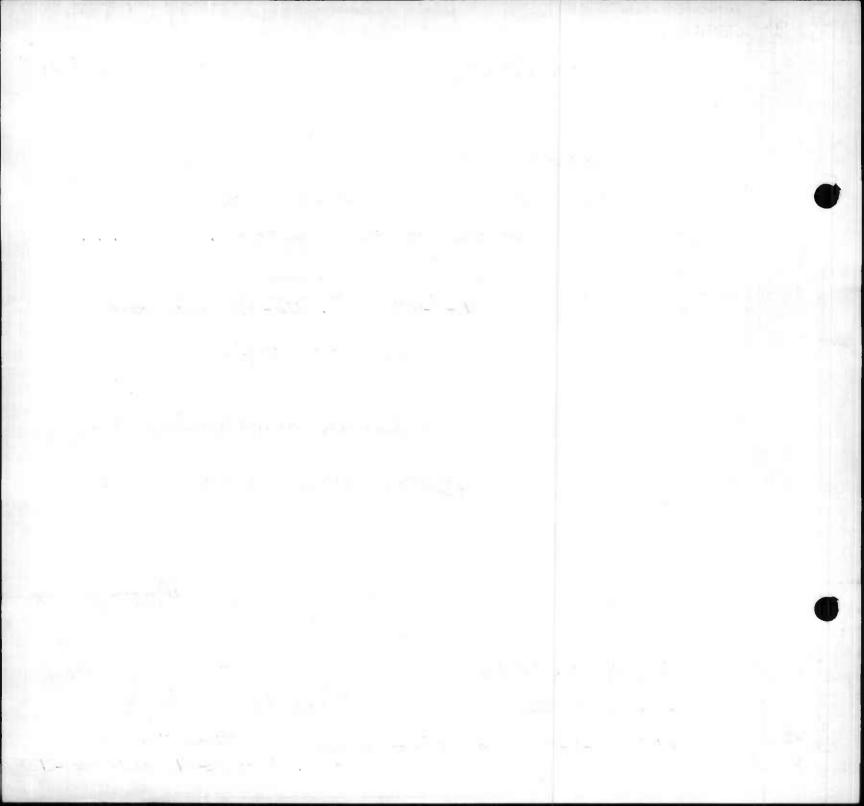
1	BALTIMORE CIT	Y HEALTH DEPARTMENT	20 24400
0	BIRTH NO. 66 04482 CERTIFICA	ATE OF DEATH Registered No.	66 04482
the chi	M.E. CASE NO. 1. NAME OF DECEASED.	2. DATE AND HOUR OF DEATH	
S	(Type or Print) Tosoph Heud 11	4 /00 /100	1045 p
ce on the	3. PLACE OF DEATH IN BALTINGRE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, II inst A, STATE B, COUNTY	itution: residence before admission
d a G	FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) INSTITUTION	Maryland C. CITY OR TOWN (II outside city limits, write RU	RAL ond give township)
cause; (5) De attendance ior to deat	3	Baltimore D. STREET ADDRESS (If rurol, give locotion)	
S	The Johns Hopkins Hospital	4306 Berger Avenue	
0 0 0	5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
gul	Male White Mingle	8-25-41 24	violitis Doys Hoors William
red ceds n is	10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTR		12. CITIZEN OF WHAT COUNTRY?
in	done during most of working life, even if retired) (Lerk Blue (ross & Blue Sh	rield Baltimore Md.	U.S.A.
; (4) Under in was in the dedisposition	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	4.5.710
(4) ¥ ± g	Can day Homes	7 - 77 7 7	
9 ± 6 E	Grady Henry 15. Wes Deceased Ever in U. S. Armed Forces? 16. SOCIAL	Anna Hill	ADDRESS
kind; death ince on final d	(Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO.	71 6 11:11 1:206 0	
	9es 219-38-0024 118. CAUSE	Ida E. Hill - 4306 Berger 1	INTERVAL BETWEEN
cture of any pronounced lar attendar ibalmed or f	700101	OF DEATH	ONSET AND DEATH
e de n	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	soivatou un bico	265
atte o		spiratory wonffricency	7-7-0-7
Da or o	heart failure, asthenia, etc. It means the disease, injury at camplication which coused death.)	2	~
0 2 5	ANTECEDENT CAUSES (B)	Neuwonia	Coys
who reg	DISEASES OR CONDITIONS, if any, giving	1 1 1 1	1 3 1
S =: = 3	tise to the obave cause (A) stating the (C) UNDERLYING CONDITION lost.	aucline Avvest (comatose) Swks
rns; vas was main			
3 4 c 5	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	selveray ensoli	wks
Body the ysici	198. CONDITION FOR WHICH OPERATION WAS PERFORMED 218. PLACE OF INJURY (e.g.,	20A. AUTOPSY? (Yes for Not 20B. IF YES, WERE FIN	NDINGS CONSIDERED SES OF DEATH?
0 0 0	OR CONTRIBUTING CAUSE OF home, foctory, street,	in or obout 21C, WHERE DID (If in Baltimore office bldg., INJURY OCCUR?	City, give exoct locotion)
(except whe grand (except whe grand (except whe grand (except whe grand be	OF INJURY (APPROX.) (Month) (Doy) (Yeor) (Hour) (APPROX.) While At Not White At Not Work At Work		
y n xce		413 41	260 :10
(1)	22. I certify that 49 (this hospital) attended the deceased from that 40 (we) last saw the deceased alive an	19 (do to 1)	an death occurred on the dat
	and haur ond from the causes stated above. (We) (did) (************************************	view the body after death.	
spir lea ust	23A. SIGNATUR	1	3B. DATE SIGNED

23C. PHYSICIAN'S NAME (Type) W. H. S 4/26/66 Attending Phys. 23D. ADDRESS Spencer III da 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY Baltimore M'ryland Holy Redeemer Cemetery Baltimore M'ryland

25B. NAME OF REGISTRAR

25G. FUNERAL DIRECTOR

John (. Miller Inc-6415 Belair Road -21206 Burial 25A. DATE REC'D BY 4-30-66 HEALTH DEPT. MAY 3 1966 VS 150-REV. 1/1/65



shows: (1) Ar

the body

eceased

VS 150-REV, 1/1/65

pital and of death Deceased

O

LO

attendance

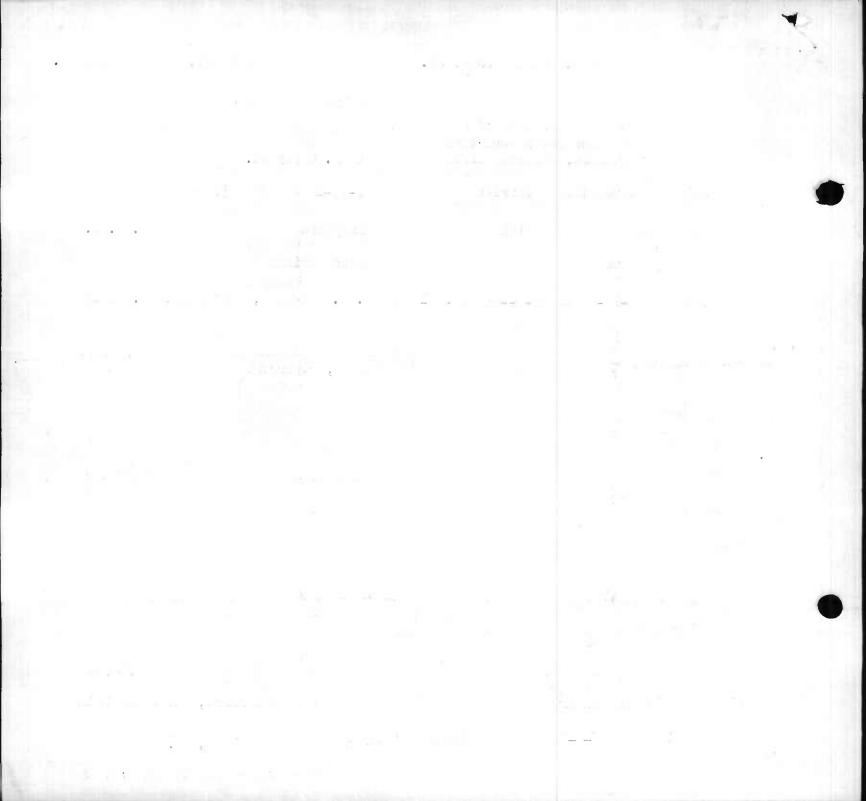
death.

prior

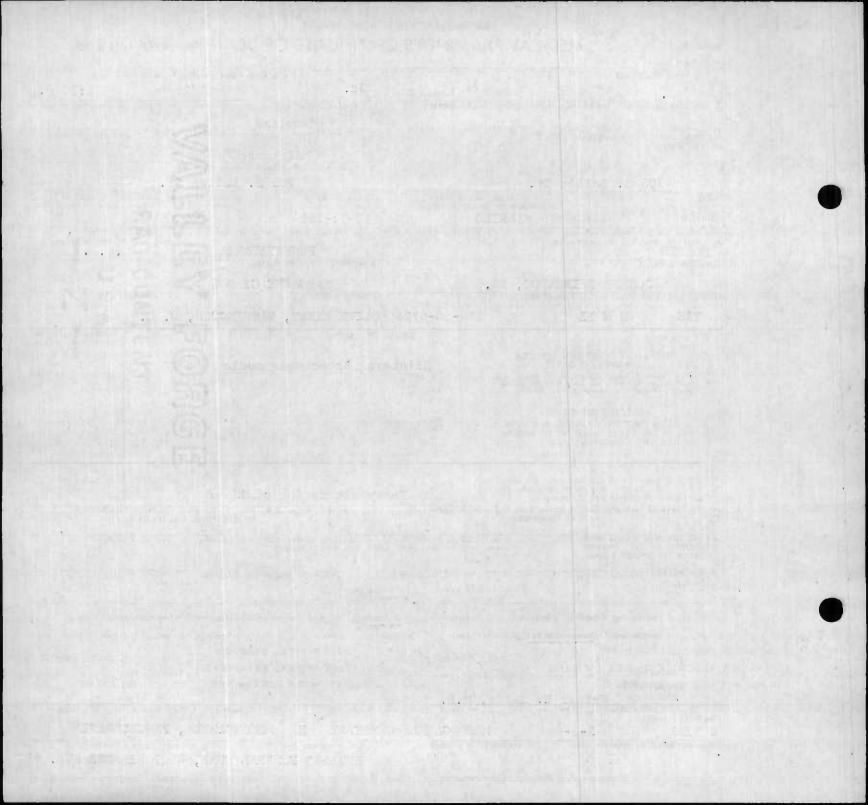
66 04463 Registered No.6 14453 BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. I, NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) April 27, 1966 REKUS, Anthony John, Jr. 9:50 P. 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) Maryland Baltimore (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR address or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION Veterans Administration Hospital Baltimore 3900 Loch Raven Boulevard D. STREET ADDRESS (If rural, give location) Baltimore, Maryland 21218 18 N. Carey St. 5. SEX 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 24 Hrs. WIDOWED, DIVORCED (specify) Hours lost birthday Months Doys Male 1-29-14 Caucasian 10A. USUAL OCCUPATION (Give kind of work 10B. KIND OF BUSINESS OR INDUSTRY 11. B)RTHPLACE (State or loreign country) 12. CITIZEN OF done during most of working life, even if retired) WHAT COUNTRY? U. S. A. Bartender Unk Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Anna Dobinas Anthony Rekus 15. Was Deceased Ever in U. S. Armed Forces? 17. INFORMANT RECORDS (Yes, no or unknown) (If yes, give wor or dates of service) V. A. Hospital, Baltimore, Md. 21218 3-20-44 to 12-20-45 217-09-5726 Yes CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH CONDITION DIRECTLY LEADING TO DEATH Epidermoid Carcinoma of the vears (This does not mean the mode of dying, e.g., Larynx, recurrent heart failure, asthenia, etc. Il means the disease, injury or complication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, il ony, giving rise to the obove couse (A) stoting the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE Pulmonary Tuberculosis l year DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21 A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID (If in Boltimore City, give exact location) home, form, foctory, street, office bldg., INJURY OCCUR? DEATH (notify medical examiner) MEDI (Month) (Doy) (Year) 21 E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (4) (this haspital) attended the deceased from January 27 and that in (my) (our) apinion death accurred an the date April 27 that (we) lost sow the deceased alive on... and have and from the causes stated above. (4) (We) (dld) (and not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED M.D. Attending Med. 4/28/66 Phys. Director 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) MARYLOU MeIHANEY M.D. VA Hospital Baltimore, Maryland 21218 24A. BURIAL CREMATION, 24B. DATE 24D. LOCATION REMOVAL (Specify) Baltimore National cem

25C. FUNERAL DIRECTOR

Thomas & Kenny Inc 1600 Hollins St



BIKIN NO.	CAL LA	AMINATER 2 C	LICHICAI	LOIL	E/AIII	A A C
M.E. CASE NO.				11,11		
1. NAME OF DECEASED (Type or Print)		h ^{H.} Reinhardt	, Jr.		4/28/6	6 11:30 p _{•M}
3. PLACE IN BALTIMORE, MARYLAND, WI	HERE PRONOU	INCED DEAD	4. USUAL RESIDE	NCE (Where	deceased lived. If institu	ution: residence befare odmissian)
FULL NAME OF (IF NOT IN HOSPITA HOSPITAL OR ADDRESS OR LOCA"	L OR INSTITUTION)	TION, GIVE STREET		ryland N (If outside	corparate limits, write	RURAL and give township)
				altimo		200
705 C Dollar C			D. STREET ADDRE		. Dallas St.	
705 S. Dallas S		NEVER MARRIED	B. DATE OF BIRTH	705 5		If Under 1 Yr. If Under 24 Hrs.
male white	MARRIE	DIVORCED (specify)	10-11-19:		9. AGE (In years last birthday) 522 51	Manths Days Hours Min-
tOA. USUAL OCCUPATION (Give kind of work dane during most at warking life, even if retired) MOLDER	108 KIND OF	BUSINESS OR INDUSTRY		tote or foreign		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME			14. MOTHER'S MA	DEN NAME		
JOSEPH REINHAR				GARET G	IBSON	
15. WAS DECEASED EVER IN U.S. ARMED Yes, no arunknawn), (If yes, give war or dates		16. SO CIAL SECURITY NO.	17. INFORMANT			ADDRESS
YES WW II		190-10-6726	OLIVE KIR	BY, WAS	HINGTON, D.	C.
LEADING TO DEATH (This does not meen the made of heart foilure, osthenia, etc. It meens injury or complication which coused d ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF AN RISE TO THE ABOVE CAUSE (A) ST. UNDERLYING CONDITION LAST. ZOO III OTHER SIGNIFICANT CONDITIONS (TO THE DEATH BUT NOT REL DISEASE OR CONDITION CAUSING TO THE DEATH BUT NOT REL DISEASE OR CONDITION (WAS PERF	the discose, leath,! S NY, GIVING ATING THE CONTRIBUTING IT.	(B) DUE TO (C)	ty alterat	ion of	liver	
19A. DATE OF OPERATION 19B. CONE		WHICH OPERATION	yes		20B. IF YES, WERE FIN IN CERTIFYING CAUSE YES	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB- UTING CAUSE OF DEATH.	21 B, hame, etc.)	PLACE OF INJURY (e.g., farm, factory, street,	in ar obout 21C. WI office bldg., INJURY	HERE DID (I	f in Boltimore City, give	e exact lacation)
21D TIME (Month) (Doy) (Year) (APPROX.)	W	HILE AT NOT AT W	WHILE	ULNI DIQ W	RY OCCUR?	
22, I certify that I held an Incresulted from: Natural countries ACTUAL SIGNATURE EXAMINER'S		sulcid	e Hamicid	e U DICAL EX		
NAME (Type) Werner U 23A. BURIAL CREMATION, 238. DATE REMOVAL (Specify)		M.D.				town, or county) (Stote)
BURIAL 5-3-66	1	MONONGAHELA C	EMETERY	MON MON	ONGAHELA, P	ENNSYLVANIA
24A. DATE REC'D BY HEALTH DEPT. 1966 VS 151-REV. 1/1/65		FA MA	HUBBARD		AL HOME, 410	ADDRESS 7 WILKEN S AVE. #2



by

approved

must be

certificate

9

puo

leath);

ŏ

0

prior

eceased

(except

hospital

0

at

O.A.

0

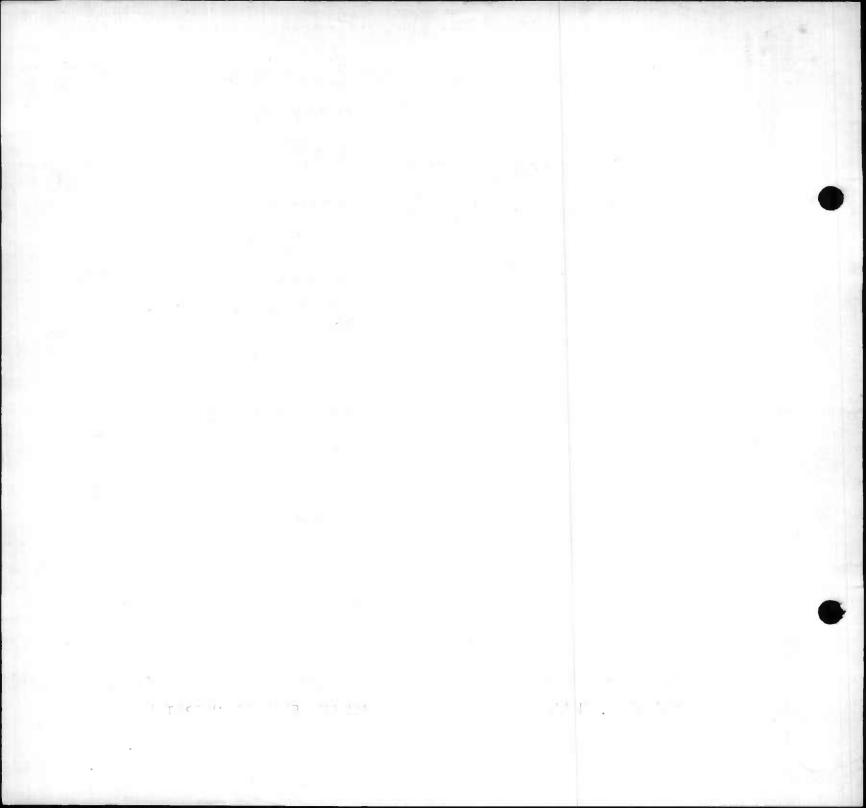
MOS

shows: (1) An occident of

r if deoth occurred in o hospitol and irect or contributing cause of death (4) Undetermined cause; (5) Deceased on the Such hospitol attendonce deot 10 prior made. regular deceased isposition = SD the direct 3 assistant if death 0 T finol attendance any pronounced 0 or his bolmed fracture of ular the chief medical examiner E who 0 70 are 4 (3) = physician the remains MOS medicol burns; physician Body the 0 (2) where the body was released to the hospital å any nature;

BALTIMORE CITY HEALTH DEPARTMENT 66 04485 Registered No.___ CERTIFICATE OF DEATH BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED DATE AND HOUR OF DEATH (Type or Print) 5 8 5 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A, STATE
B, COUNTY 3. PLACE OF DEATH IN BALTIMORE, MARYLAND (If not in hospital or institution, give street FULL NAME OF HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) INSTITUTION (If rural, give location) D. STREET ADDRESS 5. SEX MARRIED, NEVER MARRIED If Under 1 Yr. Months Doys If Under 24 Hrs. 6. RACE 8. DATE OF BIRTH 9. AGE (In years WIDOWED, DIVORGED (specify) lost birthdoy Hours arriceo 10A. USUAL OCCUPATION (Give kind of work 108, KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign gountry) 12. CITIZEN OF working life, even if retired) WHAT COUNTRY? Baltimore at home 0 13. FATHER'S NAME 14. MOTHERS MAIDEN NAME 15. Was Deceased Ever in U. S. Armed Forces 6. SOCIAL 7. INFORMANT (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Thomas E. Lamb, husband, above CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl loilure, osthenio, etc. Il means the disease, injury or complication which coused death,) (B) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, giving tise to the above couse (A) stoling the UNDERLYING CONDITION lost. CERTIFICATION OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) 208. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? WAS PERFORMED before 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) OR CONTRIBUTING CAUSE OF etc.) DEATH (notify medical examiner) obtained MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21 E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (I) (this hospital) attended the deceased from 19 6 that (I) (we) lost saw the deceased alive on ond that in (my) (our) opinion death accurred on the date and hour and from the couses stated above. (1) (Wé) (did) (did nat) view the body ofter death. must 23A. SIGNATURE 23B, DATE SIGNED Attending Phys. Med. Director Stoff M.D. approval 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) DONALD M.D. A. HALL UNION MEMORIAL HOSPITAL 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CREMATORY 24D. LOCATION REMOVAL (Specify) ritten 5/5/66 Burial Baltimore National Cem Baltimore. Schimunek Funeral Home, Inc. 25A. DATE REC'D BY HEALTH DEPT. 258. NAME OF REGISTRAR ADDRESS \$ 0

3331 Brehms Lane VS 150-REV, 1/1/65



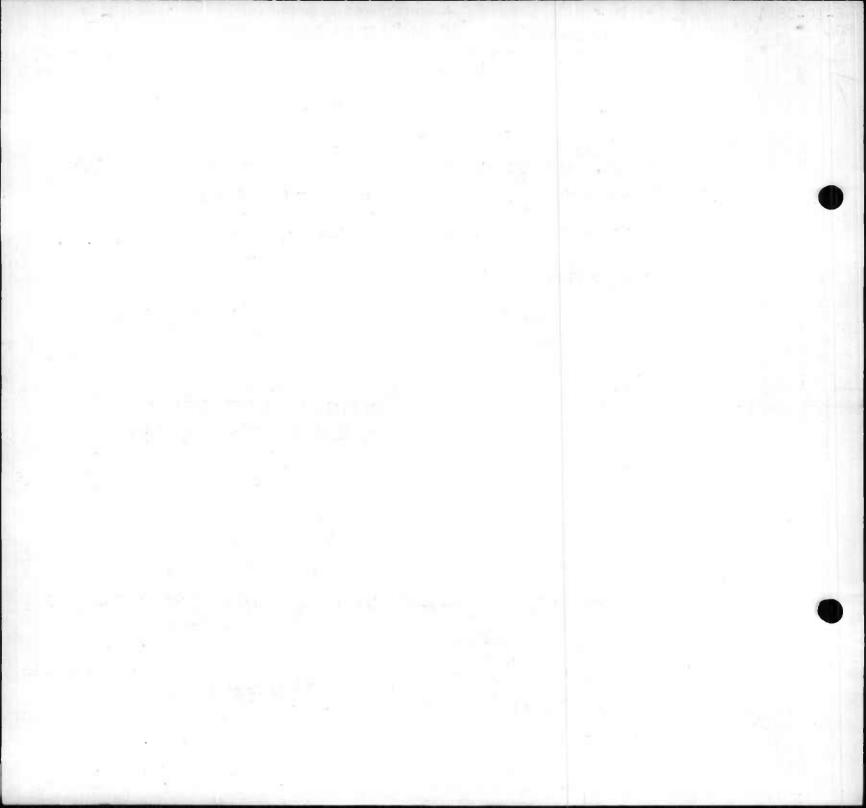
• FUT	NERAL	FUNERAL DIRECTOR: IMPORTANT	IMPORT	ANT)	
This corrificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death	hief medic	ical examiner	or his assis	stant if d	leath oc	ributing c	a hospita	l and death	-
shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	ody burn	s; (3) A fractu	re of any k	ind; (4) U	Indetern	nined caus	e; (5) Dec	pased	- 1
was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the	he physi	cian who pro	nounced d	eath wa	is in reg	Jular atter	ndance o	n the	
deceased prior to death); and (6) No phy	sician w	as in regular	attendanc	e on the	deceas	ed prior t	to death.	Such	1
written approval must be obtained before the remains are embalmed or final disposition is made.	the rem	ins are emba	lmed or fin	al dispos	ition is	made. 4			

BALTIMORE CITY HEALTH DEPARTMENT
BRTH NO. 66 04486 CERTIFICATE OF DEATH Registered No. 6 1)4486
INAME OF DECEASEDOY OSENBURGY 2. DATE AND HOUR OF DEATH
(Type or Print) Osenhera Charles E.
3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission a, STATE B, COUNTY
FULL NAME OF (If not in hospital or institution, give street MARYLAND.
MISTITUTION CALTIMORIE
WHEN MEMORIAL HOSPITAL D. STREET ADDRESS (If rurol, give locotion) AVE.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) 1. Married, Never Married, Never Married Widowith State (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
10A. USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) done during most of working life, even if retired) Sales RECIRED Welsh Constr.Co. WARLICHNO.
Sales RETIRED Welsh Constr.Co. WARY LAND. USA.
WILLIAM H. OSENBURG MARCHARET BOXXXXX
15. Wos Deceosed Ever in U. S. Armed Forces? (Yes, no or unknown) (If yes, give wor or doles of service) UNKNown 16. SOCIAL SECURITY NO. 219-16-6937
18. CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not meen the mode of dying, e.g., head brilly as thoric all I meens the disease
(This does not meen the mode of dying, e.g., heart foilure, astheria, etc. It means the disease,
injury or complication which caused death.) ANTECEDENT CAUSES (B) PLIMAR J — Ca. J Signard DUE TO
DISEASES OR CONDITIONS, if ony, giving
rise to the obove couse (A) stoling the (C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yellor No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
U 21A, ACCIDENT WAS UNDERLYING 1218 PLACE OF INJURY (e.g., in or obout 21 C, WHERE DID ((I in Soltimore City, give exect locotion)
OR CONTRIBUTING CAUSE OF home, foctory, street, office bldg., INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
White At Work Not White At Work
22. I certify that (M) (this hospital) attended the deceased fram Mul 20 1966 to 970 1966
that (1) (we) last saw the deceased alive an 4-30 1-19 6 and that in (my) (our) apinion death accurred an the da
and have and from the causes stated above. (1) (We) (did) (did not) view the body after death.
23A. SIGNATURE
multing C. Welly M.D. Allending Med. Director Phys 130/66.
23C. PHYSICIAN'S MILTON C. LANG NAME (Type) MILTON C. LANG M.D. 23D. ADDRESS UNION MEMORIAL HOSPITAL M.D. 24. Garon Memorial P. C.
24A, BURIAL CREMATION, 24B, DATE 24C/NAME of CEMETERY or CREMATORY 24D, LOCATION (City, 10 Mb, or county) (Stole)
Burial 5/4/66 Holy Redeemer Cemetery Baltimore, Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR SCHIMMAN SCHIMMAN FUNERAL HOME, Inc. 3331 Brehms Lane
VS 160 BEV 1/1/45

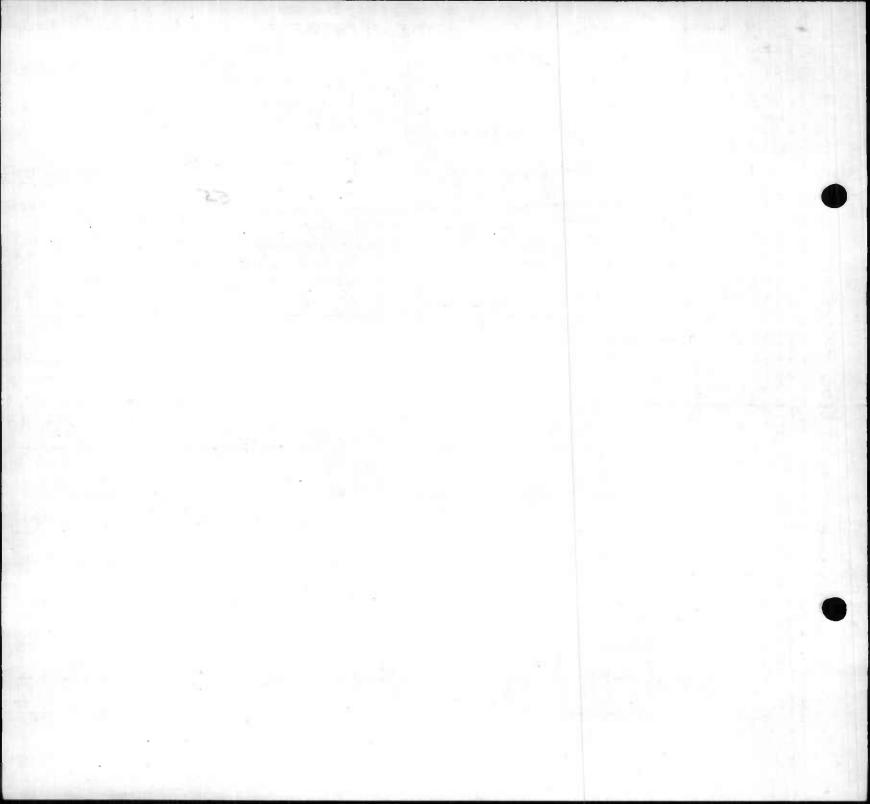
Lawrence and the second second

An

BALTIMORE CITY HEALTH DEPARTMENT Registered No.6 CERTIFICATE OF DEATH M.E. CASE NO. I. NAME OF DECEASED 2. DATE/AND HOUR OF DEATH Margaret) or (Type or Print) Marjorie SERIANN 3. PLACE OF DEATH IN BALTIMORE MARYLAND 4. USUAL RESIDENCE (Where deceased lived. Il institution: residence before admission) B. COUNTY FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) BALTIMORE CITY HOSPITALO ALIMORE 4940 Eastern Avenue ASHLAND Baltimore, Marvland 21224 made. 7. MARRIED, NEVER MARRIED 9. AGE (In years 5. SEX If Under 1 Yr. If Under 24 Hrs. WIDOWED, DIVORCED (specify) Davs Hours emale MARRIED 10A USUAL OCCUPATION (Give kind of work) 10B. KIND OF BUSINESS OR INDUSTRY 13. BIRTHPLACE (State or foreign country) 12, CITIZEN OF isposition WHAT COUNTRY? done during most of working life, even if retired) Housewife at home Maryland, Baltimore 13. FATHER'S NAME 4. MOTHER'S MAIDEN NAME Pasquale AXXXX Alvic 15. Was Deceased Ever in U. S. Armed Forces? (Yes, no arunknown) (If yes, give war or dates of service) Theresa 17. INFORMANT ADDRESS 6. SOCIAL final SECURITY NO. Frank Serianni, husband, above CAUSE OF DEATH INTERVAL BETWEEN 10 ONSET AND DEATH DISEASE OR CONDITION DIRECTLY balmed LEADING TO DEATH (This does not mean the mode of dying, e.g., hearl failure, asthenia, etc. It means the disease, injury or complication which caused deoth.) еш ANTECEDENT CAUSES are DISEASES OR CONDITIONS, if any, giving rise to the obove couse (A) stating the UNDERLYING CONDITION lost. remains OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. the CERTIFIC 198. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No!) 20B. IF YES, WERE FINDINGS CONSIDERED 19A. DATE OF OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? No 218. PLACE OF INJURY (e.g., in ar about 21C. WHERE DID home, larm, factory, street, alfice bldg., INJURY OCCUR? 21 A. ACCIDENT WAS UNDERLYING (II in Boltimore City, give exact lacotion) OR CONTRIBUTING CAUSE OF MEDICAL DEATH (notify medical examiner) obtained 21 D. TIME (Month) (Day) (Year) (Hour) 21E, INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) Work At Work 22. I certify that (1) (this hospital) attended the deceased fram OD and that in(my) Pour) aplnian death accurred on the date that (1) (we) last saw the deceased alive an. death) and have and from the causes stated obayer (I) (We) (did) (did not) view the body after death. must 23A. SIGNATURE 23B. DATE SIGNED M.D. Attending [Med. 0 approval Director O prior 230-PHYSICIAN'S 4940 23D, ADDRESS Eastern Avenue 9 D.O.A. 24A. BURIAL CREMATION, 24B. DATE eceased (City, town, or county) REMOVAL (Specify) 5/3/66 Sacred Heart Cemeterv Baltimore, Burial Was 25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR Schimunek Funeral Home, Inc. 2601 E. Madison St. VS 150~REV. 1/1/65



			Actor	BALTIMO	ORE CITY HEALT	H DEPAKIMENT		
	NO. CASE NO.	66 84	488	CERTI	IFICATE C	OF DEATH		. 8 14488
I, NA	ME OF DECEASE or Print)	Michae	rank 57	he meus k	ey	2. DATE AI	350 PM	4/129/66
. PL	ACE OF DEATH	IN BALTIMORE, MA	RYLAND	-	4. USL		ere deceased lived. If	institution: residence before admi:
HC	ILL NAME OF DSPITAL OR STITUTION	(If not in hospital oddress or location		, give street	1	1 ory lang	1 Contraction	RURAL and give township)
1		Memorial	Hosp	ital (DO	B	altemore		
9		XXXXXX	позр	rtar (50)	D. STR	614 Erdn	rurol, give location)	- 11 - 4
5. SEX	X 6. R.	W		D. NEVER MARRIE ED. DIVORCED (Sp Marrie	pecify)	of BIRTH 5. 8, 1910	9. AGE (In years lost birthdoy)	If Under 1 Yr. II Under 24 Months Doys Hours M
		10N (Give kind of work no life, even if retired) Nan Y Rey		. Steel		oaldale. F		12. CITIZEN OF WHAT COUNTRY?
3. FA	ATHERS NAME	y icer				THEE'S MAIDEN NA		NO 10
		Frank_St	rmens	ky	I I	Mary Jakub	oec	
		in U. S. Armed For		16. SOCIAL		ORMAN T		ADDRESS
Tes, n		res, give war or date		SECURITY N		/	IMH	
110	no B.				AUSE OF DEAT	Hyocard	CFIN	INTERVAL BETWEEN
	400.	R CONDITION DIS	DECTIV					ONSET AND DEATH
				DU				
NOI	OTHER SIGNIFICATION THE DEATH	II NT CONDITIONS C	slating It	e (C)				
CATION	OTHER SIGNIFICATION THE DEATH	bave cause (A) ONDITION last. II INT CONDITIONS C H BUT NOT RELA IDITION CAUSING I	Slating In	e (C)			o) 20B. IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
AL CERTIFICATION	OTHER SIGNIFICATO THE DEATH DISEASE OR CON 9A. DATE OF OPE	bave cause (A) DNDITION last, II NT CONDITIONS CA H BUT NOT RELA IDITION CAUSING I RATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF	Saling Ih	NG NG WHICH OPERATION IR PLACE OF INJU	ON 20 A	- AUTOPSY? (Yes or N	o) 208, IF YES, WER	E FINDINGS CONSIDERED CAUSES OF DEATH?
DICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH OF OPE OF CONTRIBUTION OF CONTRIBU	bave cause (A) DNDITION last, II NT CONDITIONS CA H BUT NOT RELA IDITION CAUSING I RATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF	CONTRIBUTION FOR FORMED	NG THE WHICH OPERATION B. PLACE OF INJUSTME, form, foctory,	ON 20A URY (e.g., in or obo	AUTOPSY? (Yes or N	O) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
AEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH DISEASE OR COMPA-DATE OF OPE	DOUBLE COURSE (A) DOUBLE CONDITION CONDITIONS COMBUT NOT RELATION 19B. CON WAS PER VAS UNDERLYING CAUSE OF CAUSE OF CONDITIONS COMBUT CONDITIONS COMBUT	CONTRIBUTIATED TO IT. HOTTON FORMED (Hour) 2'	NG THE R WHICH OPERATION R. PLACE OF INJURY OCCUPATION R. INJURY OCCUPAT	ON 20A URY (e.g., in or obo street, office bldg	UI 21C, WHERE DID	O) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH DISEASE OR COM PA-DATE OF OPE CITA. ACCIDENT WOR CONTRIBUTING DEATH (notify med DEATH (notify med DEATH (notify med DEATH (notify med	bave cause (A) DNDITION last. II NT CONDITIONS CA H BUT NOT RELA IDITION CAUSING I RATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF icol exominer) Onlih) (Doy) (Yeor)	Stating Ih	NG THE R WHICH OPERATION I.B. PLACE OF INJUDING, form, foctory, c., I.E. INJURY OCCUI While At	ON 20A URY (e.g., in or obo street, office bldg RRED Not While At Work	UI 21C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING C	CAUSES OF DEATH?
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH OF INJURY APPROX.)	bave cause (A) DNDITION last. II NT CONDITIONS CA H BUT NOT RELA IDITION CAUSING! RATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF icol exomine!) Onth) (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) 2 V V I) attended	NG THE WHICH OPERATION B. PLACE OF INJURY OCCUP While At The deceased fr	ON 20A URY (e.g., in or obo street, office bldg RRED Nor While At Work	UI 21C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING COUR?	causes OF DEATH? fore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH OF THE DEATH OF OPE OF CONTRIBUTION OF THE DEATH OF THE CONTRIBUTION OF THE CO	bave cause (A) DNDITION last. II NT CONDITIONS CH BUT NOT RELA IDITION CAUSING I ERATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF Icol exominer) onth) (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) (Hour) 2 V V I) attended addive an	NG THE WHICH OPERATION B. PLACE OF INJUME, form, foctory, ic.) E. INJURY OCCUI The deceased from H-2	ON 20A URY (e.g., in or obo street, office bldg RRED Not While At Work	ui 21C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING O	causes of DEATH? fore City, give exact location)
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH OF THE DEATH OF OPE OF CONTRIBUTION OF THE DEATH OF THE CONTRIBUTION OF THE CO	bave cause (A) DNDITION last. II NT CONDITIONS CH BUT NOT RELA IDITION CAUSING I ERATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF Icol exominer) onth) (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) (Hour) 2 V V I) attended addive an	NG THE WHICH OPERATION B. PLACE OF INJUME, form, foctory, ic.) E. INJURY OCCUI The deceased from H-2	ON 20A URY (e.g., in or obo street, office bldg RRED Not While At Work	UI 21C. WHERE DID INJURY OCCUR?	O) 20B. IF YES, WER IN CERTIFYING O	CAUSES OF DEATH? Fore City, give exact location) 4 - Z (19 4
MEDICAL CERTIFICATION	OTHER SIGNIFICATO THE DEATH OF THE DEATH OF OPE OF CONTRIBUTION OF THE DEATH OF THE DEATH (notify med of INJURY APPROX.)	bave cause (A) DNDITION last. II NT CONDITIONS CH BUT NOT RELA IDITION CAUSING I ERATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF Icol exominer) onth) (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) (Hour) 2 V V I) attended addive an	NG THE WHICH OPERATION B. PLACE OF INJUME, form, foctory, ic.) E. INJURY OCCUI The deceased from H-2	ON 20A URY (e.g., in or obostreet, office blds RRED Not While At Work Tam 4 United the control of the cont	or N 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN. 9	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR?	causes of DEATH? fore City, give exect location)
MEDICAL CERTIFICATION TO O O O O O O O O O O O O O O O O O O	OTHER SIGNIFICATO THE DEATH DISEASE OR CON- PA. DATE OF OPE PI.A. ACCIDENT WORK CONTRIBUTION PA. DATE (MCDEATH (notify med) PA. DATE (MCDEATH (notify that) PA. DATE	bave cause (A) DNDITION last. II NT CONDITIONS CH BUT NOT RELA IDITION CAUSING I ERATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF Icol exominer) onth) (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) (Hour) 2 V V I) attended addive an	NG THE WHICH OPERATION B. PLACE OF INJUME, form, foctory, ic.) E. INJURY OCCUI The deceased from H-2	ON 20A URY (e.g., in or obostreet, office blds RRED Not While At Work ram 4 ULI not) view the	out 21C. WHERE DID p., INJURY OCCUR? 21F. HOW DID IN 9	O) 20B. IF YES, WER IN CERTIFYING O	CAUSES OF DEATH? Fore City, give exact location) 4 - Z (19 4
MEDICAL CERTIFICATION TO O O O O O O O O O O O O O O O O O O	OTHER SIGNIFICATO THE DEATH OF THE DEATH OF OPE OF CONTRIBUTION OF THE DEATH OF THE DEATH (notify med of INJURY APPROX.)	bave cause (A) DNDITION last. II NT CONDITIONS CH BUT NOT RELA IDITION CAUSING I ERATION 19B. CON WAS PER VAS UNDERLYING G CAUSE OF Icol exominer) onth) (Doy) (Year)	CONTRIBUTION FORMED (Hour) (Hour) 2 V V I) attended and alive an	NG THE WHICH OPERATION B. PLACE OF INJUME, form, foctory, ic.) E. INJURY OCCUI The deceased from H-2	ON 20A URY (e.g., in or obe street, office blds RRED Not While Attwork Attwork Attwort) view the Attwork A.D. Attending Phys. 23D. AD	out 21C. WHERE DID p., INJURY OCCUR? 21F. HOW DID IN 9	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR?	CAUSES OF DEATH? Fore City, give exact location) 4 - Z (19 4
WEDICAL CERTIFICATION See See See See See See See See See Se	OTHER SIGNIFICATO THE DEATH DISEASE OR CON- 9A. DATE OF OPE OF CONTRIBUTION OF	bave cause (A) DNDITION last. II NT CONDITIONS CHAPTER CONDITIONS CAUSING IT PRATION 198. CON WAS PER VAS UNDERLYING G CAUSE OF licel exominer) (b) (this hospital at saw the decease m the causes state WALL CAUSE CONDITIONS CAUSE OF which (Doy) (Year)	CONTRIBUTION FOR FORMED (Hour) 2' V I) attended ed alive an ted abave.	NG THE R WHICH OPERATION RE PLACE OF INJUDING, form, foctory, fo	ON 20A URY (e.g., in or obostreet, office bldg RRED Not While At Work A	21F. HOW DID IN. 21F. HOW DID IN. Med. Director	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltom JURY OCCUR? 19 6 to	pinian death accurred on the
WEDICAL CERTIFICATION AEDICAL CERTIFICATION TO D TO	OTHER SIGNIFICATO THE DEATH DISEASE OR CON 9A.DATE OF OPE PLA. ACCIDENT WORK CONTRIBUTING DEATH (notify med OF INJURY APPROX.) 2. I certify that hat (A) (we) last and haur and fra 3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	bave cause (A) DNDITION last. II NT CONDITIONS CAL BUT NOT RELA IDITION CAUSING I RATION 198. CON WAS PER VAS UNDERLYING G G CAUSE OF icol exomine?) Onth) (Doy) (Yeor) (A) (this hospital at saw the decease m the causes state ION, 248. DATE (y)	CONTRIBUTION FOR IT. IDITION FOR IT. (Hour) 2' V V V V V V V V V V V V V V V V V V	NG THE WHICH OPERATION B. PLACE OF INJURY OCCUP While At The deceased fr H - 2 (4) (We) (did) (d.) WAME of CEMETE	ON 20A URY (e.g., in or obostreet, office blds RRED Not While At Work At Work At Work A.D. Attending Phys. 23D. AD M.D. RY of CREMATOR	OLI 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN. 9	O) 20B. IF YES, WER IN CERTIFYING COUR? (If in Boltim JURY OCCUR? 19 6 to	pinian death occurred on the
WEDICAL CERTIFICATION AEDICAL CERTIFICATION 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	OTHER SIGNIFICATION THE DEATH DISEASE OR CON- PA. DATE OF OPE PI.A. ACCIDENT VOR CONTRIBUTION PA. DATE OF OPE PI.A. ACCIDENT VOR CONTRIBUTION PA. DATE OF OPE PI.A. ACCIDENT VOR CONTRIBUTION PETER INJURY PAPPROX.) PI.D. TIME PI.	bave cause (A) DNDITION last. II NT CONDITIONS CAUSE OF	CONTRIBUTION FOR (Hour) (Hour) 2 (Hour) 2 V (Hour) 2 2 4 6	NG THE WHICH OPERATION IR. PLACE OF INJUME, form, foctory, ic.) IE. INJURY OCCUIVATE AT THE MERCE AT THE M	ON 20A URY (e.g., in or obostreet, office blds RRED Not While At work At work At work At work At work At work A Work A Work A Work Cemeters	21F. HOW DID IN. 21F. HOW DID IN. Med. Director 24D. Y Ba	208. IF YES. WER IN CERTIFYING COUR? (If in Bolhim JURY OCCUR? 19 66 to	Plantan death accurred on the 23B, DATE SIGNED 4/2 4/66 (City, town, or county) Md.
WEDICAL CERTIFICATION AEDICAL CERTIFICATION 5. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	OTHER SIGNIFICATO THE DEATH DISEASE OR CON 9A.DATE OF OPE PLA. ACCIDENT WORK CONTRIBUTING DEATH (notify med OF INJURY APPROX.) 2. I certify that hat (A) (we) last and haur and fra 3A. SIGNATURE 3C. PHYSICIAN'S NAME (Type) BURIAL CREMAT REMOVAL (Speci	bave cause (A) DNDITION last. II NT CONDITIONS CAUSE OF	CONTRIBUTION FOR (Hour) (Hour) 2 (Hour) 2 V (Hour) 2 2 4 6	NG THE WHICH OPERATION B. PLACE OF INJURY OCCUP While At The deceased fr H - 2 (4) (We) (did) (d.) WAME of CEMETE	ON 20A URY (e.g., in or obostreet, office bldg RRED Not While At Work At Work At Work A.D. Attending Phys. 23D. AD M.D. RY of CREMATOR Cemetery	AUTOPSY? (Yes or N OI 21C. WHERE DID INJURY OCCUR? 21F. HOW DID IN 9	208. IF YES, WER IN CERTIFYING COUR? (If in Bolhim JURY OCCUR? 19 66 to	pinian death occurred on the



was in regular attendance on the

death

was D.O.A. at a hospital (except where the physician who pronounced

VS 150-REV, 1/1/65

BALTHAODE	CHELL	A SEC A SECTION	DEBARTISEL	4.70
NATURACIE:	CILY	HEAT CH	DEPARTMEN	40

_			TE OF DEATH Registered No. 66 14489
Such	1. N	IAME OF DECEASED	2. DATE AND HOUR OF DEATH
	(Тур	De or Print) LUPI, BERTHO	5.2, 1966 4 3 am
eath.	3. 1	PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY
0	١.,		BALTIMORE 21213
0	2.1	FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR address ar lacotion)	C. CITY OR TOWN (If autside city limits, write RURAL and give township)
24		INSTITUTION	BALTIHORE 26-03
5		HION HEMORIAL HOSPIFAL	D. STREET ADDRESS (If rural, give lacation)
prior e.	l'i	SALTIMORE; 18	3124 KENTUCKY AVE
sed	5. 5	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months; Doys Hours Min.
. is	IOA	USUAL OCCUPATION (Give kind of work 10 B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF
0 0	dan	e during most of working life, even if relired) hou set if e at home	MARYLAND Baltimore AMERICAN
Sit		FATHER'S NAME	
the dece	13.	DANIEL HYLOEK	DINAG
			HARBAREP DUNKNIKE
0 -	15. (Ye:	Was Deceased Ever in U. S. Armed Forces? s, no or unknown) (If yes, give war ar dates of service) 1 6. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS
fina		- 212-10-5525	DAUGHTER , SAME
attendance med or fina		TB. CAUSE O	
o p		DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
mee		LEADING TO DEATH	EREBROUASCULAR THROMBOU'S & 3 4EEKS
		(This does not mean the mode of dying, e.g., DUE TO heart failure, asthenia, etc. It means the disease,	**************************************
0.0		injury or camplication which caused death.)	and the second s
B E		ANTECEDENT CAUSES (B)	ARTERIOSCEROSIS DIFFUSE
0 0		DISEASES OR CONDITIONS, if any, giving	
E 0			PNEUNONIA
ins		UNDERLYING CONDITION last.	
ian was i	NOIL	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE PUBLIC TO THE PROPERTY OF THE PR	
sic th	ERTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED	20A, AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
No phy before	CE	21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in	n or about 21C. WHERE DID (If in Baltimare City, give exact location)
	AL	OR CONTRIBUTING CAUSE OF home, form, foctory, street, of DEATH (natify medical examiner)	ffice bldg., INJURY OCCUR?
No	0	ho	OLE HOW BUR IN HURY & SELECT
99	MED	OF INJURY	21F. HOW DID INJURY OCCUR?
D :		(APPROX.) Wark At Wark	
and (6) Pobtained		22. I certify that (1) (this hospital) attended the deceased from	4.19 1966 10 5:2 1966
**		that (1) (we) last saw the deceased alive on 5.2	19 6 6 and that in(my) (our) opinion death accurred on the date
th b		and haur and from the causes stated above. (1) (We) (did) (did not) v	
e a		23A. SIGNATURE	23B, DATE SIGNED
PE		Danuta Danuer M.D. Ath	ending Med. Staff 7
al t			225 45566
00		NAME (Type) DANUIA DANIEC,	THE UNION MEMORIALHHUSPITAL
PP		DAHUTA DANIEC M.D.	1000 1000 10
po	24/	A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY of CRI	EMATORY 24D. LOCATION (City, town, or county) (State)
9		Burial 5/5/66 Oak Lawn Cemet	ery Baltimore, Md.
deceased prior to death) written approval must be	25/	A. DATE REC'D BY HEALTH DEPT. 258 NAME OF REGISTERS	25C, FUNERAL DIRECTORADDRESS
de		MAY 3 1966 Police & Toller	Schimunek Funeral Home, Inc. 3331 Brehms Lane

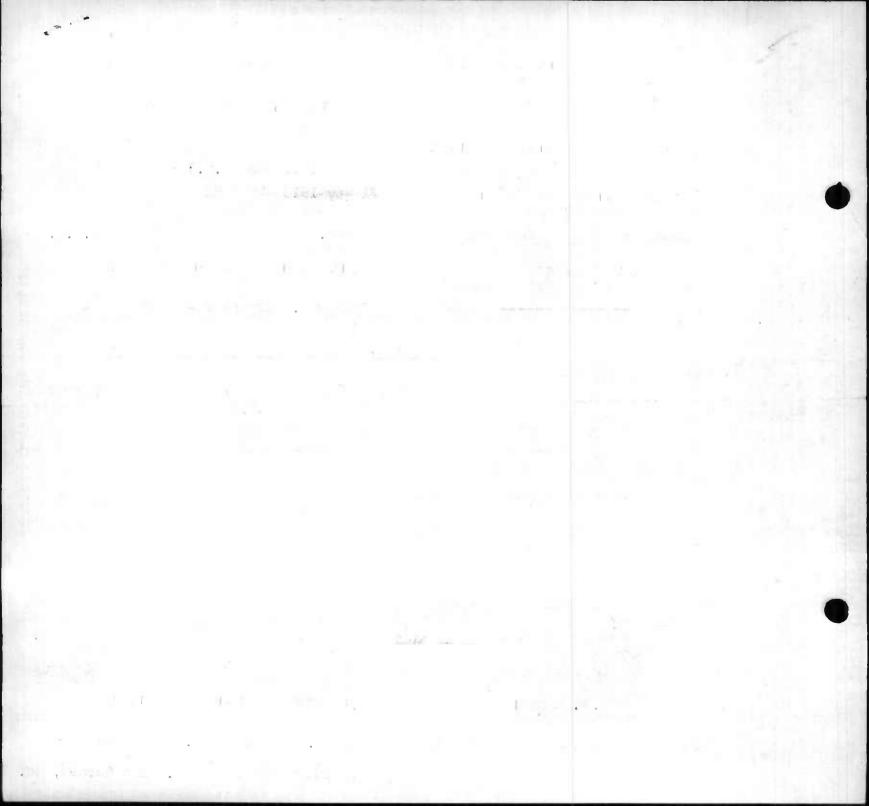
Tail Joseph Joseph College and College College Anna Colle

	MORE CITY HEALTH DEPARTMENT
BIRTH NO. 66-100/2 66 14490 CERT	SIFICATE OF DEATH Registered No. 194430
N.E. CASE NO. 1. NAME OF DECEASED	
(Type of BRIER Charles	4-28-66 1040 AM
3. PLACE OF DEATH IN BALTIMORE, MARYLAND	4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY
FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR oddiess or locotion)	C. CIT OR TOWN (If outside city limits, write RURAL and give township)
INSTITUTION	BALTIMORE D. STREET ADDRESS (If rurol, give location)
MERCY HOSPITAL	5615 KENWOOD AVE
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (S. NEVER MARRIED)	15ED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) 15Pecify) 15Pecify 15
10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR done during most of working life, even if retired)	
None None	Baltimore, Maryland USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Chaples & Goich	NANCY M. WALTER
15. Wos Deceased Ever in U. S. Armed Forces? 16. SOCIAL	17. INFORMANT ADDRESS
(Yes, no or unknown) (If yes, give wor or dates of service) SECURITY	
18. day	r Charles E. Grieb 5615 Kenwood Aven
DISEASE OR CONDITION DIRECTLY	ONSET AND DEATH
LEADING TO DEATH	a CNS anolid
(This does not mean the mode of dying, e.g., heart tailure, osthenio, etc. It means the disease,	UE TO
injury or complication which coused death.)	countries least brillians
ANTECEDENT CAUSES (8)	UE TO
DISEASES OR CONDITIONS, if ony, giving	contra strucció (?)
rise to the obove couse (A) stating the (C UNDERLYING CONDITION lost.	corao surra (;)
11	0
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	1. in the same
DISEASE OR CONDITION CAUSING IT.	unimal priumarrocay.
19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERAT	TION 20A. AUTOPSY? (Yes or No.) 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
21 A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJ	JURY (e.g., in or obout 21 C. WHERE DID (If in Boltimore City, give exect locotion)
	y, street, office bldg. INJURY OCCUR?
21D. TIME (Month) (Doy) (Year) (Hour) 21E, INJURY OCCU	URRED 21F. HOW DID INJURY OCCUR?
While At	Not While
Work L	AT Work
22. I certify that (I) (this haspital) attended the deceased	
that (I) (we) fast saw the deceased alive an	-28 19 66 and that In(my) (aur) opinion death accurred an the date
and haur and from the causes stated above. (1)(We) (dld)	(dld nat) view the bady after death.
23A. SIGNATURE)	M.D. Attending Med. Stoff S 4-29-/-/
I sullow	Phys. Director Phys. 2
23C. PHYSICIAN'S NAME (Type)	23D. ADDRESS
Verry S. Shelto	on mo. Mercy Hospilal
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMET	TERY of CREMATORY 24D/ LOCATION (City, town, or county) (Stote)
Burial 4-29-1966 Gardens of	Faith Cemetery Baltimore Co. Md.
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR	2SC. FUNERAL DIRECTOR ADDRESS
MAI 3 1966 P. D. & E. STONING	Lassahn Junial Jone 7 461 Below Road
V\$ 150-REV. 1/1/65	

AN GARAGE PICCH NO POLICE AND STATE KENNERS AVE and was the same of the same of

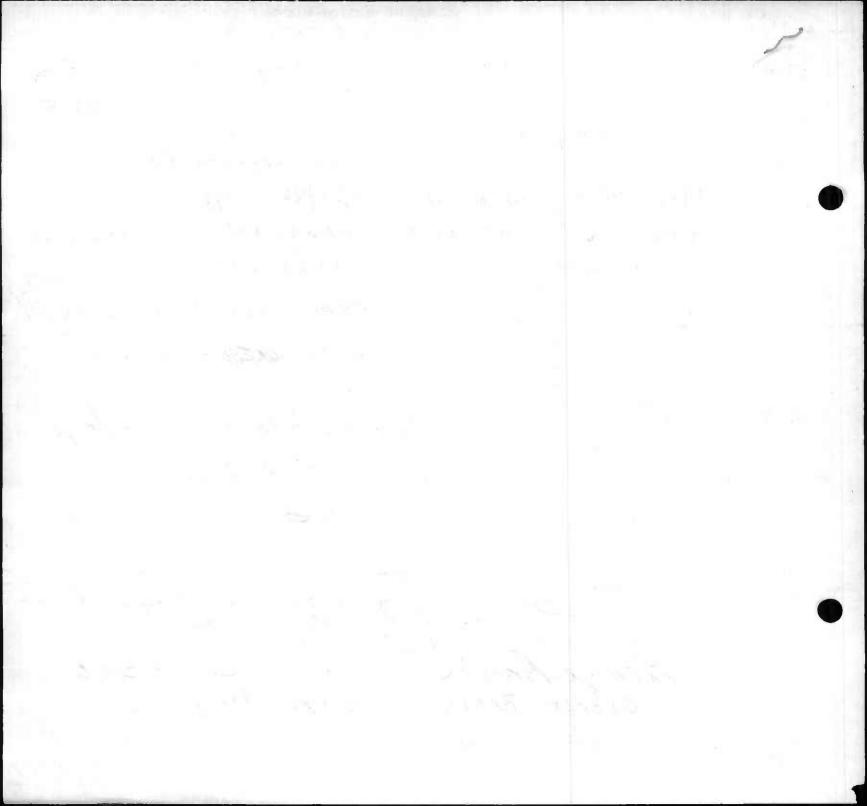
115	
pproved by the chief medical examiner or his assistant if death occurred in a hospital and at the hospital by a medical examiner. Also, if the direct or contributing cause of death any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	9-5
at at	4 2
100	EV
F P	0 4
000	0 0
20 0	T o
E 2	90
2 0 0 8	4
E 0 0	10
D.E 0	D.E.
9 - 9	7 00
5.9.5	3 P B
O TE	25.0
0 0	- 0 -
de de	E 0 0
900	S D :=
Pto	No so
- 54	> + 9
E P	4 EB
9	0 0 0
sis +	POLL
# + ×	DOL
S	900
4 S 4	5 0
OVO	SEE
5 . 5	0 - 0
in en	교육
First	0 0 0
A	400
a X (c)	2 2
0	2 2
dic ca	0 0
dib	X N L
End	40
9 . P	hicio
Bo	th ys
6 P	o Po
£ = 2	90
>.= 0	4ZD
Sp	200
ho	D .E
00	S E E
94 5	9 0 0
B 2 +	- 60
000	5 t t
Se	90
SOP	OPE
E	4 0 1
0 2 0	100
000	5
# 1	A TO
his certificate must be approved by the chief medical examiner or his assistant if death occurred in a hospital and he body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death hows: (1) An accident of any nature; (2) Body burns: (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased	was D.O.A. at a hospital (except where the physician who pronounced death was in regular attendance on the deceased prior to death); and (6) No physician was in regular attendance on the deceased prior to death. Such written approval must be obtained before the remains are embalmed or final disposition is made.
S	D G
S e	as ce
E SE	¥ d ×

BALTIMORE CITY HEALTH DEPARTMENT 66 04491 CERTIFICATE OF DEATH Registered No. BIRTH NO. M.E. CASE NO. I. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 4:15 4-30-66 MARJORIE CARPENTER 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) B. COUNTY A. STATE MARYLAND, ANNE ARUNDEL FULL NAME OF (If not in hospital or institution, give street HOSPITAL OR address or lacation) C. CITY OR TOWN (If outside city limits, write RURAL and give township) HARMAN THE JOHNS HOPKINS HOSPITAL D. STREET ADDRESS (If rurol, give location) Harmans 5. SEX 6. RACE 7. MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years Il Under 1 Yr. Il Under 24 Hrs. Hours Months! Doys WIDOWED, DIVORCED (specify) 21 May - 1913 FEMALE MARRIED WHITE 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working lite, even if retired) U.S.A. Housewife own Home Penn. 13. FATHERS NAME 14. MOTHER'S MAIDEN NAME WILHELMINA PETERINAN CHARLES BERGENER 15. Was Deceased Ever in U. S. Armed Forces? 6. SOCIAL 17. INFORMANT ADDRESS (Yes, no or unknown) (If yes, give wor or dotes of service) SECURITY NO. Joseph E. Carpenter - Same as None no 18. CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH DISEASE OR CONDITION DIRECTLY (B) APLASTIC ANEMIA LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury ar camplication which coused death,) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION lost. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. U 20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPERATION 20A. AUTOPSY? (Yes or No) CERTIFI WAS PERFORMED YES 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21B. PLACE OF INJURY (e.g., in or obout 21C. WHERE DID home, form, foctory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exact location) DEATH (notify medical examiner) NONE etc.) MEDI 21 D. TIME (Month) (Doy) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR? OF INJURY While At Not While (APPROX.) At Work Work 22. I certify that (1) (this hospital) attended the deceased fram. HORIL 30 that (1) (we) last saw the deceased alive an. ...and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated abave. (1) (We) (did) (1) view the bady after death. 23A. SIGNATURE 238. DATE SIGNED Stoff M.D. Attending [Med. Phys. Director _ Phy s. K 23C. PHYSICIAN'S 23D. ADDRESS NAME (Type) THE JOHNS HOPKINS HOSPITAL M.D. 24A. BURIAL CREMATION, 24B. DATE 24C, NAME of CEMETERY or CREMATORY 24D. LOCATION (City, town, or county) (State) REMOVAL (Specify) Howard, Co., Maryland 5/4/1966 Meadowridge Memorial Pk. 25B. NAME OF REGISTRAR 25A. DATE REC'D BY HEALTH DEPT. 25C. FUNERAL DIRECTOR ADDRESS Funeval Home. Glen Burnie, Md. VS 150-REV. 1/1/65



BALTIMORE	CITY	HEALTH	DEPARTMEN

BALTIMORE CITY HEALTH DEPARTMENT
MALE CASE NO. 66 114492 CERTIFICATE OF DEATH Registered No. 66 114492
N.E. CASE NO. 1, NAME OF DECEASED 2. DATE AND HOUR OF DEATH
(Type or Print) BUCHMAN, DANIEL May 2nd 1966 85
3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission A, STATE B, COUNTY
FULL NAME OF (If not in haspital or institution, give street HOSPITAL OR oddress or location) EXACT MORE MARYLAND 21215 C. CITY OR TOWN (II outside city limits, write RURAL and give township)
SINAI MOSPITAL BALTIMOREIMO. DI DO
D. STREET ADDRESS (If rural, give location) 3803 LABYRINTH RD.
5. SEX 6. RACE 7. MARRIED, NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years If Under 1 Yr., II Under 24 Hrs
Male White WIDOWED, DIVORCED Ispecily) 3/26/88 last birthday) Months Days Hours Min. 10A, USUAL OCCUPATION (Give kind of work) 10B, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12, CITIZEN OF
WHAT COUNTRY?
UN KINDINI
UNKNOWN
15. Was Deceased Ever in U. S. Armed Forces? (Yes, no of inknown) III yes, give wor or doles of service) 16. SOCIAL SECURITY NO.
1B. CAUSE OF DEATH INTERVAL BETWEEN
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH (A) Athrelessic Commonwell Reine
(This does not mean the made of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES (8)
Districts on countrious it
rise to the obove cause (A) stating the UNDERLYING CONDITION last.
UNDERLING CONDITION last,
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. A DISEASE OR CONDITION CAUSING IT.
TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION WAS PERFORMED 19B. CONDITION FOR WHICH OPERATION WAS PERFORMED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED 10 TO THE DEATH BUT NOT RELATED TO THE UTILL PUBLISHED WAS PERFORMED WAS PERFO
U 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY le.g., in or obout 21C. WHERE DID (II in Boltimore City, give exact location)
OR CONTRIBUTING CAUSE OF home, lorm, lactory, street, office bldg., INJURY OCCUR?
21D. TIME Month (Day) (Year) Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?
While At Not While At Wark
22. I certify that (1) (this haspital) getended the deceased from Opril 30 19 66 to May 2nd 19 6
that (1) (we) last saw the deceased alive an Many 2 nd 19 66 and that in (my) four pinian death accurred an the da
and hour and from the causes stated above. (1) (We) (did) (did nat) view the body ofter death.
23A. SIGNATURE 23B. DATE SIGNED
M.D. Attending Med. Stoff 5/2//
23C, PHYSICIAN'S 23D, ADDRESS
NAME IType)
24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY or CREMATORY 24D, OCATION (City, town, or county) (Stole)
"Tunal 3/3/66 Vitain righan Redaly Muglard
25A. DATE REC'D BY HEALTH DEPT. 25B. NAME OF REGISTRAR 25C. FUNERAL DIRECTOR ADDRESS
VS 150-REV. 1/1/65



of death Deceased

hospital

NO

attendance (2) Cause

regular

canse;

death.

0

prior

May 3, 1966 25A. DATE REC'D BY HEALTH DEPT.

25B. NAME OF REGISTRAR

Baltimore Hebrew

2SC. FUNERAL DIRECTOR Sol Levinson & Bros 6010 Reisterstown Rd.

2100 Belair Road

VS 150-REV. 1/1/65

eceased

Ö

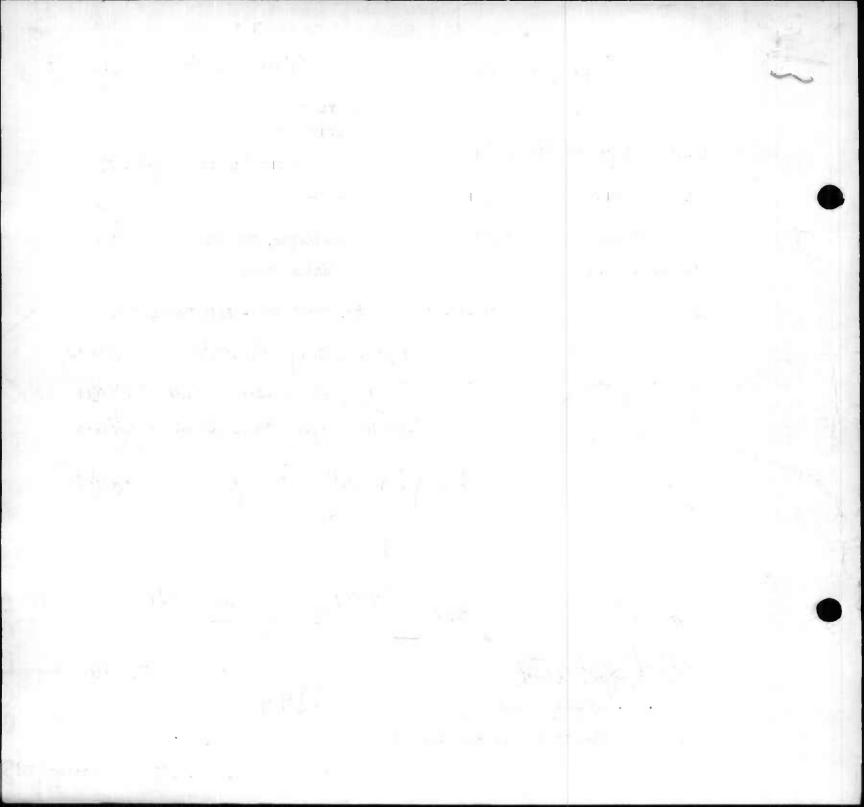
3 73

the body

shows: å SD

The second second second second The state of the s Tracing the second of the second

	RTH NO. 66 ()449	1	TE OF DEATH	Registered No.	66 14494
- 1	A.E. CASE NO. NAME OF DECEASED Type or Print)	uK	DATE A	ND HOUR OF BEATH	15:00 P M
3	PLACE OF DEATH IN BALTINGRE, MARYLAND		4. USUAL RESIDENCE (Wh	ere deceosed lived. If insti	itution: residence before admission)
	FULL NAME OF (If not in hospital or institution) HOSPITAL OR oddress or location) INSTITUTION	on, give street	MARYLAND	utside city limits, write RU	RAL ond give township)
1		.1 0	BALTIMORE D. STREET ADDRESS (I		6370
	Johns Hopkins Hosp	rtal		frural, give location) 1 PLACE - O	ot 6 A
	wipo	HED, NEVER MARRIED WED, DIVORCED (specify) ARRIED	8. DATE OF BIRTH 3-22-96	9. AGE (In years	If Under 1 Yr. If Under 24 Hrs. Months Doys Hours Min.
	OA. USUAL OCCUPATION (Give kind of work 108. KINE			reign country)	12. CITIZEN OF WHAT COUNTRY?
	one during most of working life, even if refired) Salesman R 3. FATHER'S NAME	etail	Baltimore	Maryland	USA
	ABRAHAM SAPP		Miriam Bro	าแห	
Ī	S. Was Deceased Ever in U. S. Armed Forces? (es, no or unknown) (If yes, give wor or dates of servi	1 6. SOCIAL SECURITY NO.	17. INFORMANT		ADDRESS
	No	215-10-8156	Mrs. Sarah Say	on= 3629 Pask	in Place
	18. 2040	CAUSE O	F DEATH		INTERVAL BETWEEN ONSET AND DEATH
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	Ro	SDIVATOR, +	Armet	nuna
	(This does not mean the mode of dying, heart failure, asthenia, etc. It means the dise				
	injury ar complication which caused deoth.)	(8) 5	ing wells ?	Syvelione	Neers
3	ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, gives to the above couse (A) stating UNDERLYING CONDITION lost.		onic Lymph	etic Cuboun	a Glass
	OTHER SIGNIFICANT CONDITIONS CONTRIBUTED TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING IT.		enutis (R)	lue	weeks
		OR WHICH OPERATION	20A. AUTOPSY? (Tes or N	No. 208, IF YES, WERE FILL IN CERTIFYING CAU	NDINGS CONSIDERED SES OF DEATH?
	OR CONTRIBUTING CAUSE OF DEATH (notify medical examiner)	21B. PLACE OF INJURY (e.g., i home, form, foctory, street, o etc.)	n or obout 21 C. WHERE DID ffice bldg., INJURY OCCUR?	(If in Bottimore	City, give exact location)
5	21D. TIME (Month) (Doy) (Year) (Hour) OF INJURY (APPROX.)	21E. INJURY OCCURRED While At Not While	21F. HOW DID IN	IJURY OCCUR?	
	22. I certify that (this haspital) attend	Work At Work	4/27	19 66000 51	1 19 600.
	those (we) last saw the deceased olive	on 5/1		that in (my) (our) opini	an death occurred an the date
0	and haur and from the causes stated abov	e. (We) (did) (did not) v	view the bady after death		23B, DATE SIGNED
	(1) H. DOMEOITH	M.D. Atte	ending Med. Director	Stoff Phys.	5/1/100
	236 PHYSICIAN'S NAME (Type) W. H. SPENCER 3R		23D. ADDRESS	L	, ,00
)	4A. BURIAL CREMATION, 24B. DATE 24	C. NAME of CEMETERY of CR	EMATORY 24D.	LOCATION (City	, town, or county) (State)
	REMOVAL (Specify)	Hebrew Young Men		odlawn, Maryl	
		ME OF REGISTRAR	2SC. FUNERAL DIRECTO	OR .	ADDRESS
	MAY 3 1966 P. O. G. &	Litarbey Mills S	sol Levinson & 1	Bros, Inc. 60	10 Reisyerstoen Rd



the body was released to the hospital by a medical examiner. Also, if the direct or contributing cause of death shows: (1) An accident of any nature; (2) Body burns; (3) A fracture of any kind; (4) Undetermined cause; (5) Deceased

death was in regular attendance on the

a hospital and

			AAOE	Y HEALTH DEPARTMENT			
	CASE NO.	bb t	4495 CERTIFICA	ATE OF DEATH	Registered No	66 04	495
1.NA	ME OF DECEA	ASED	D /	2. DATE	AND HOUR OF DEAT	Н	
	- 1	Rebecca	ta/805	W	lay 1-1961	6	4:30
3. PL	ACE OF DEAT	H IN BALTIMORE, MA	ARYLAND		WhereIdeceosed lived, If DUNTY	institution; residence	e before od
H	JLL NAME OF OSPITAL OR ISTITUTION	(If not in hospital oddress or location	or institution, give street		f outside city limits, write	RURAL and give	township)
0	_	Jew. Conv.	Home	Baltimore			
16)	4601 Pall		D. STREET ADDRESS	altimore Stre	oot	
5. SE		RACE	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	If Under 1 Yr. Months Doys	If Under Hours
F	emale	White	Wedow 108. KIND OF BUSINESS OR INDUSTR	£879	86	12. CITIZEN O	E
done	during most of wa	orking life, even if retired)	At Home	Russia	toreign country)	WHAT CO	UNTRY?
13. F	ATHERS NAME			14. MOTHER'S MAIDEN	NAME		
26 56	Michael	Moskovsky iver in U. S. Armed Fo If yes, give wor or dat	2 11 / 22 2 2 2	Cherna?	?	ADD	DECC
(Yes,	no or unknown)	If yes, give wor or dat	es of service) 16. SOCIAL SECURITY NO.	17. INFORMANT		ADD	KE33
	No			Miss Jennie	C. Paloox-21:	SE F RAP+	o. Str
1	B. 11	2.1.1	CAUSE	OF DEATH		INTER	VAL BETWE
	DISEASE	OR CONDITION DI	RECTLY		1 - 1-		AND DEA
		EADING TO DEATH	(A)	Myncardial	1 Lusuffice	ena inn	Kung
		t mean the mode o	dying, e.g., DUE TO	70 05 051100	·····	7	
		sthenia, etc. It means lication which cause	s the disease, d death.)	Myocardial Auterioscl			
1			(R)	Axterioscl	erosin	u	n Kuc
		NTECEDENT CAUSE	DUE TO				
		CONDITIONS, if					
		CONDITION last.	aioning ine (C)				
-		11					
Z	OTHER SIGNIES	CANT CONDITIONS	CONTRIBUTING				
\(\)	TO THE DEA	ATH BUT NOT REL	ATED TO THE				
		ONDITION CAUSING	IT. NOTION FOR WHICH OPERATION	20A. AUTOPSY? (Yes o	r No) 20B. IF YES, WER	E FINDINGS CON	SIDERED
ERTIFIC	A		REFORMED		IN CERTIFYING C	AUSES OF DEATH	1?
CER	ZIA. ACCIDENT	WAS UNDERLYING	21B. PLACE OF INJURY (e.g.,	in or about 21C WHERE DA	D (If in Rolling	ore City, give exoc	t location)
_ (OR CONTRIBUT	ING CAUSE OF	home, form, foctory, street,	office bldg., INJURY OCCUS	??	olo oliy, give exoc	IOCORON
U	DEATH (notify n	medical examiner)	etc.)				
0 2		Month) (Doy) (Year	(Hour) 21E INJURY OCCURRED	21 F. HOW DID	INJURY OCCUR?		
	OF INJURY		While At Not Wh				
			Work At Work		101		
2	22. I certify the	hot (1) (this hospita	I) attended the deceased fram	12/8	19 6×10	may	19_
1	hat (2) (we) I	ast saw the deceas	ed alive on may	- 1 19 66 and	d that in (my) (aur) a	pinian death occ	urred an
1	and have and	from the courses et	ated obave. (H) (We) (did) (did on)	view the bady after dea	th.		
l L.	3A. SIGNATUR			The budy directed		23B, DATE SIG	NED
	JA. JIGNATUK	.00	M.D. AI	tending Med.	Stoff -	236. 5416 316	
	10	well Y.		ys. Director	Phy s.	May	11-1
2	COL PHYSICIAN			23D. ADDRESS		` .	_
	NAME (Typ	2 1	m1 (/ . M.D		. 11-	- 7.	()
244	BIIDIAL CDEA	ATION DATE	- 111110) (ne	OP 13	SPITO	
24A.	REMOVAL (Sp		24C. NAME of CEMETERY OF C	REMATORY 241	D. LOCATION	(City town, or cour	nty) (
	Burial		Bath Trans Adat	- Tenano	Raltimate	Maruland	
25A.	DATE REC'D B	MOU 2/6	Beth Isaac Adat	25C. FUNERAL DIRECT	Baltimore,		DDRESS
	MAVO	1000 0 0	0070	Sal Lauinson &		6010 PHIA	tersto
					DATE OF THE PARTY		

Tro. C. 1966 VS 150-REV. 1/1/65

Sol Levinson & Bros Inc.

6010 Ruisterstown Rd

791 . LUCEUR . 1017

and Food Admir Co.

SOLANGE	BALTIMORE CITY HEALTH DEPARTM

BIRTH NO. 66 (1445	16	TE OF DEATH Registered No.	55 U4498
M.E. CASE NO. 1, NAME OF DECEASED (Type er Print) MONRO	E COHEN	2. DATE AND HOUR OF DEAT	H Cn
3. PLACE OF DEATH IN BALTIMORE, MA FULL NAME OF Oddress or location oddress or location in North National Nurse 4613 Park Heig	or institution, give street ing Home	A. STATE Maryland C. CITY OR TOWN (If outside city limits, write 3408 Hayward Avenue D. STREET ADDRESS (If rurol, give lecotion)	institution residence before edmission) e RURAL end give tewnship)
5. SEX 6. RACE Male White	7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify) Married	B. DATE OF BIRTH B. DATE OF BIRTH 9. AGE (In years lest birthday) 76	If Under 1 Yr. If Under 24 Hrs. Menths Doys Hours Min.
10A, USUAL OCCUPATION (Give kind of werk dene during mest of werking life, even if retired) Retired			12. CITIZEN OF WHAT COUNTRY?
13. FATHERS NAME Unknown	1 8	14. MOTHERS MAIDEN NAME Unknown	
15. Was Deceased Ever in U. S, Armed For (Yes, ne er unknown) (If yes, give wer er date	ces? SECURITY NO.	17. INFORMANT Mrs Goldie Cohen- 3408 H	ADDRESS layward Avenue
LEADING TO DEATH (This does not meon the mode of heort failure, asthenio, etc. It meons injury or complication which caused ANTECEDENT CAUSES DISEASES OR CONDITIONS, if rise to the above couse (A) UNDERLYING CONDITION last.	any, giving	evehral hemov bag evrosclevotic cadiouss diseace	eder years
OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONDITION CAUSING IDEASE OF CONDITION CAUSING IDEASE OF OPERATION 198. CONWAS PERIOR	TED TO THE T. DITION FOR WHICH OPERATION	20 A. AUTOPSY? (Yes or No) 20B. IF YES, WER	E FINDINGS CONSIDERED AUSES OF DEATH?
OR CONTRIBUTING CAUSE OF DEATH (neify medicol exeminer) 21 D. TIME (Month) (Doy) (Yeor) OF INJURY (APPROX.)	home, ferm, foctory, street, o etc.) (Hour) 21E. INJURY OCCURED While At Net Whi	21F. HOW DID INJURY OCCUR?	ore City, give exect lecotien)
22. I certify that (I) (this haspital that (I) (we) last saw the decease	werk At Werk) attended the deceased from ad alive an ared above. (1) (We) (did) (did not)	27.19 and that in (my) (out) of giew the body after death.	pinion death accurred an the date 23B. DATE SIGNED 27 LP3 Rep
24A. BURIAL CREMATION, 24B. DATE REMOVAL (Specify) Burial May 2,/ 25A. DATE REC'D BY HEALTH DEPT.	24C. NAME of CEMETERY of CR 66 LOTTAINE 1258. NAME OF REGISTRAR	EMATORY 24D. LOCATION Woodlawn, Mar	City, town, or county) (State) yland ADDRESS

7. D. 40 1966 VS 150-REV. 1/1/65

Sol Levinson & Bros Inc. 6010 Reisterstown R

A Micros, Establish and employ the part

		CC DAAGT	BALTIMORE CITY H	HEALTH DEPARTMENT	\	4 12 24
		H NO. 66 ()4497	CERTIFICAT	E OF DEATH	Registered No.	0 114497
	1. N.	AME OF DECEASED	01 100 1		HOUR OF DEATH	- AM
	3. P	PLACE OF DEATH IN BALTIMORE, MARYLAND		4. USUAL RESIDENCE IWhere	deceased lived, If insti	tution: residence before admission)
	H	FULL NAME OF (If not in hospital or institution, goddress or location)	give street	Maryland C. City OR TOWN (11 outs	Balto ide city limits, write RU	PAL and give township
	1	NSTITUTION		Balto, F	ikesville	8 Md 53-00
	0	SINAL HOSPOF BA	75100	- 1 /	orol, give location)	
s mad	5. S	M W WIDOWED	RRIED	2/27/03	ost birthdox)	If Under 1 Yr. If Under 24 Hrs. Aonths Doys Hours Min.
disposition is		USUAL OCCUPATION (Give kind of work 10 B. KIND OF during most of working life, even if refired)	BUSINESS OR INDUSTRY	1. BIRTHPLACE (State or foreig	n country)	12. CITIZEN OF WHAT COUNTRY?
sit	13. [FATHER'S NAME	ELF EMP.	4. MOTHER'S MAIDEN NAM	E	03/1
Spo		-GED I PRI	TAATA		17/1/2011/1-	WOAMED
P	15. V	Was Deceased Ever in U. S. Armed Forces?	1 6. SOCIAL	7. INFORMANT	ATHERINE,	ADDRESS
final	1	s, no or unknown) (If yes, give wor or dotes of service)	SECURITY NO. 7/	Harry M.	Walen =	SINAI HOSP
or fi	1	1B. 3 1 1 1	CAUSE OF		U-GIEN -	INTERVAL BETWEEN
pe		DISEASE OR CONDITION DIRECTLY		1		ONSET AND DEATH
alme		(This does not mean the mode of dying, e.g.,	DUE TO	e brovascular a	ccident	20 days
2		heort foilure, osthenio, etc. It meons the diseose, injury or complication which coused death.)				
E		ANTECEDENT CAUSES	(B)DUE TO			
1s are		DISEASES OR CONDITIONS, if ony, giving rise to the obove couse (A) sloting the UNDERLYING CONDITION lost.	(C)		***************************************	
remain	ATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				
the	RTIFICA	19A. DATE OF OPERATION 19B. CONDITION FOR WAS PERFORMED	WHICH OPERATION	20 A. AUTOPSY? (Yes or No.)	20B. IF YES, WERE FIN IN CERTIFYING CAUS	IDINGS CONSIDERED ES OF DEATH?
before		21A. ACCIDENT WAS UNDERLYING 21B. OR CONTRIBUTING CAUSE OF DEATH (notify medical examinet)	PLACE OF INJURY (e.g., in e, form, foctory, street, office	or about 21C. WHERE DID e bldg., INJURY OCCUR?	Ilf in Boltimore C	city, give exact location)
Pe	0	OF INJURY (Month) (Doy) (Year) (Hour) 21E.	INJURY OCCURRED	21F. HOW DID INJU	RY OCCUR?	
ain	1 5 1	(APPROX.) Whi	ite At Not While			
obte		22. I certify that (I) (this haspita) attended th		1-8-66	104	-28 - 1966.
pe	1 1	that (1)(we) last saw the deceased alive an	4-27-66		t In (my) (aur) opinio	on death accurred on the date
	1 1	and haur and fram the causes stated above	(We) (did) (did nat) vie	w the body after death.		
must	{	23A. SIGNATURE MARCHAN	M.D. Attend	ding Med. S	itoff 7	4-28-66
approval		23C. PHYSICIAN'S	Phys.	D. ADDRESS	Phy s.	7-00
pro		HARRY M. WALEN	M.D.	SINAL HOSP	OF BALTO	0,
	24A	BURIAL GREMATION, 24B, DATE 24C.NA	AME of CEMETERY OF CREM	ATORY 24D, LO	CATION (City,	town, or county) (Stotel
Hen	1	DURIAL 5/2/66 M	EADOWRID	GE HOI	VARD C	o. MD.
written	25A.	MAY 3 1966 P		5. MACNA	1RR 3011	FREDERICK RU
	VS 1	150-REV. 1/1/65		11/10/11/11	21	228

BIR	TH NO.	66 04	MEDI	CAL FX	SALTIMORE CITY HEAL CAMINER'S CI	TH DEPARTMEN	T F OF I	FATH Register	t) 114495		
M.	E. CASE NO.			0, 12 2,	THE TENTO						
1.	NAME OF DE	CEASED					2. DATE AND	D HOUR PRONOUNCE	D DEAD		
Irvin Crane						4/29/66 3:22 p. M.					
3. PLACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD						4. USUAL RESIDENCE (Where deceosed lived. If institution: rosidonco before odmission) A. STATE B. COUNTY					
FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION, GIVE STREET HOSPITAL OR INSTITUTION						Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)					
INSTITUTION						Baltimore					
						D. STREET ADDR		give location)	1 10		
4511 Park Heights Ave.						4511 Park Heights Ave.					
5. 5	EX	6. RACE		7. MARRIED,	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	If Under 1 Yr. If Under 24 Hrs.		
	male	white		WIDOWED 17	ONCED (specify)	Tues 11	1011	lost birthdoyl	Months Doys Hours Min.		
IOA			kind of work		BUSINESS OR INDUSTRY	June 14,			12. CITIZEN OF		
don	e during most of	working life, ever	if retired)			WHAT COUNTRY?					
12	Sales FATHER'S NAM			twu	riture	Baltimore, Md. USA					
13.	FAIRERS NAM										
		Louis	Cran	2		Rose					
		D EVER IN U.			16. SO CIAL SECURITY NO.	17. INFORMANT ADDRESS					
	Yes	W. W.	11	2:	20-05-4312	Mrs. F	reda En	mer- 5811 K	ley Avenue		
	18.	area and			CAUSE	OF DEATH			INTERVAL BETWEEN		
	DISEA	I OR COND	ITION OIL	LOT V					ONSET AND DEATH		
	DISEA	SE OR COND LEADING T		RECTLY	Bar	hiturate i	noisoni	no			
	heart failure	(This does not meon the mode of dying e.g., heart foilure, osthonio, etc. It moons the discose, injury or complication which coused doubt.) (A) Barbiturate poisoning DUE TO									
	injury or co	inplication wine	ii couseu c	JO 0111.,7							
		ANTECENDEN			(P)						
	DISEASES	OR CONDITIO	DNS, IF A	NY, GIVING	DUE TO						
RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
N		(C)									
Ě	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING										
0		DEATH BUT									
E DISEASE OR CONDITION CAUSING IT.							0000: Hoo 0000 =				
CER	19A. DATE OF	OPERATION	WAS PERF		WHICH OPERATION	20 A. AUTOPSY?		20B. IF YES, WERE FIN			
ب	C	I CALLER WA		Town .		no			A Committee of the Comm		
S	UNDERLYING	CAUSE WA		home	PLACE OF INJURY (e.g., form, factory, street, o	in or obout 21 C. W office bldg., INJURY	OCCUR?	If in Boltimoro City, giv	vo exoct location)		
Quing Cause of Death. home 4511 Park Heights Ave.											
Σ	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21F. HOW DID INJURY OCCUR?										
OF INJURY 4 ? 66 ? WHILE AT NOT WHILE X ingested overdose of barbiturat							barbiturates				
	22.	elfy that I ha	ld on le	anday 🗖	Increasion (a) Aug		4h-4 4h:	a basia danah tu m	and and and and		
l certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion resulted from: Natural causes Accident Suicide Homicide Undetermined manner											
								er 🔛			
ACCICTANT HEDICAL EVANINED TO									DATE SIGNED		
	EXAMINER'S ASSOCIATE MEDICAL EXAMINER 4/30/66										
	NAME (Verner								
	OVAL (Specif		L DATE	230	C. NAME of CEMETERY O	CREMATORY	23 D. LO	OCATION (City,	town, or county) (Stoto)		
	Buria		lay 1/	66	Har Sinai		B	Altimore, Ma	aryland		
24/	A. DATE REC'D		DEPT.	24B, NAME	OF REGISTRAR	24C, FUNERA		110	ADDRESS		
	MA	1 3 196	66 GL	3.52	Brown	Sol 1	evinson	n & Bros Inc	. 6010 Reisterston		
VS	151-REV. 1/1/	65	021						Road		

Dine 14 telle Valeselle NI , WE WAS ting. Englis Englis - 1981 New Avenue 5151-80-019 PARRIEDAE, MANUELLE Sec Coldan S Steel Let. 6010 February 502

or contributing cause of death (4) Undetermined cause; (5) Deceased E O hospital eath. ance TO attend 0 prior regular 2 MOS the direct death any Also,

eceased death disposition ŏ the assistant no final attendance pronounced OL or his embaimed fracture of by the chief medical examiner 10 regul who Ore 4 (3) the physician before the remains medical MOS physician (2) Body O the body was released to the hospital by where ° An accident of any nature; obtained 9 approved (except and hospital death) must be must 10 approval O certificate prior ato was D.O.A. deceased written ap shows: (1)

VS 150-REV. 1/1/65

BALTIMORE CITY HEALTH DEPARTMENT Registered No., BIRTH NO. CERTIFICATE OF DEATH M.E. CASE NO. NAME OF DECEASED 2. DATE AND HOUR OF DEATH (Type or Print) 1966 3. PLACE OF DEATH IN BALTIMORE, MARYLAND 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street oddress or location) C. CITY OR TOWN (If outside city limits, write RURAL and give township) D. STREET ADDRESS (If rurol, give location) 5827 Jonquil Avenue 5. SEX 6. RACE MARRIED, NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years If Under 1 Yr. If Under 24 Hrs. Months: Doys Hours Min, WIDOWED, DIVORCED (specify) lost birthdge) 10A, USUAL OCCUPATION (Give kind of work 10B, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Housewife Boltimore, Maryland at home 13. FATHER'S NAME MOTHER'S MAIDEN NAME Sollins Louis Sophie Lieberman 15. Was Deceased Ever in U. S. Armed Forces 17. INFORMANT ADDRESS 6. SOCIAL (Yes, no or unknown) (If yes, give wor or dates of service) SECURITY NO No Mrs. Jean Satisky- 7923 Winterset Ave. CAUSE OF DEATH ONSET AND DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the made of dying, e.g., heart failure, asthenio, etc. It means the disease, injury or complication which coused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, if ony, rise to the above cause (A) stating the UNDERLYING CONDITION Iosi, Jeans OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. 19A. DATE OF OPERATION 198, CONDITION FOR WHICH OPERATION 208. IF YES WERE FINDINGS CONSIDERED WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? 21A. ACCIDENT WAS UNDERLYING 21B. PLACE OF INJURY (e.g., in or about 21C. WHERE DID home, form, factory, street, office bldg., INJURY OCCUR? (If in Boltimore City, give exoct location) OR CONTRIBUTING CAUSE OF DEATH (notify medical examined) MEDIC 21 D. TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED 21 F. HOW DID INJURY OCCUR OF INJURY Not While While At (APPROX) Work At Work 22. I certify that (1) (this hospital) attended the deceased from 125 119 66 that (I) (we) last sow the deceased alive on an ... and that in (my) (our) apinion death accurred on the date and hour and from the causes stated above. (1) (We) (did not) view the body after death. 23A. SIGNATURE 23 B. DATE SIGNED Attending Med. Stoff Director 23C. PHYSICIAN'S NAME (Type) 23D. ADDRESS IMPLIAND, M.D IETELN 24A. BURIAL CREMATION, 24B. DATE 24C. NAME of CEMETERY OF CREMATORY 24D, LOCATION (City, lown, or county)

Ohel Yakov

25C. FUNERAL DIRECTOR Maryland Sol Levinson & Bros Inc. 6010 Reisterstown Rd - Charles Commission of the Co received, market replace District 6-340

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Registered Na.

BIRT	H NO. MEDICAL EXAMINER 3 CI	EKTIFICATE OF DEATH Registered No.								
M.I	E. CASE NO.									
1. I (Ty	James #6 Ottley	2. DATE AND HOUR PRONOUNCED DEAD 4/30/66 7:20 a.								
3. F	LACE IN BALTIMORE, MARYLAND, WHERE PRONOUNCED DEAD	4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)								
HO	L NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET SPITAL OR ADDRESS OR LOCATION)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)								
		Annapolis								
1		D. STREET ADDRESS (If rural, give locotion)								
	Hopkins Hospital	700 Americana Dr.								
5. 5	6. RACE 7. MARRIED, NEVER MARRIED WIDOWED, DIVORCED (specify)	B. DATE OF BIRTH 9. AGE (in years 1 Under 1 Yr. If Under 24 Hrs. 14-21-1963 63								
10A	USUAL OCCUPATION (Give kind of work TOR. KIND OF BUSINESS OR INDUSTRY	(11). BIRTHPLACE (State or foreign country) 12. CITIZEN OF								
don	- during most of working life over off relived)	NEW YORK WHAT COUNTRY? A.								
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
3.5	TAMES H. OTHEY	LUCETTA B. GILBERT								
(Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? / 16. SOCIAL SECURITY NO.	My ochost D O+16 #2								
- 91	V8. CAUSE	OF DEATH INTERVAL BETWEEN								
L	7/0/	ONSET AND DEATH								
	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Guns	hot wound of head								
	(A) Gattation Would of the mode of dying, e.g., heart foilure, astheria, etc. It means the disease. injury or complication which coused death.)									
	ANTECENDENT CAUSES									
	ANTECENDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE									
-	UNDERLYING CONDITION LAST.									
Ó	(C)									
CERTIFICATION	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
RTI	19A. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20A. AUTOPSY? (Yes or No) 20B. IF YES, WERE FINDINGS CONSIDERED								
	WAS PERFORMED	yes yes yes								
MEDICAL	21A, EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB-									
邑	UTING CAUSE OF DEATH.	700 Americana dDrive								
-	21D TIME (Month) (Doy) (Year) (Hour) 21E. INJURY OCCURRED	21F. HOW DID INJURY OCCUR?								
19	(APPROX.) 4 29 66 10:20p WHILE AT NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	while shot self in head								
	22. I certify that I held an Inquiry Inspection Autopsy and that an this basis, death in my apinion									
	resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner									
	100 (-11-	CHIEF MEDICAL EXAMINER								
	SIGNATURE Allrue h Son M.D.	DATE SIGNED								
-	EXAMINER'S	ASSOCIATE MEDICAL EXAMINER 4/30/66								
	NAME (Type) Werner U. Spitz, M.D.									
23A. BURIAL CREMATION, 23B. DATE 23C. NAME of CEMETERY or CREMATORY 23D. LOCATION (City, town, or county) (Stote)										
PREMATING 5-2-66 It KINCOLN BLADEUSRUPG MD.										
Z4A. DATE REC'D BY HEALTH DEPT. 24B. NAME OF REGISTRAR 24C. FUNERAL DIRECTOR ADDRESS										
	MAY 3 1966 R. Calo E. Farloyma	John M. TAYLOR & SULS AUDANLIS Mr								
140										

14-32-176 B SE WALL ON THE SERVER Les Anthon & 2-th It bluedly Blazersang Miss The Principal English Hamphilde